

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90044 001 ****61.25

DOCUMENT # N49832

1. Entity Name

FALLBROOK AT LANSBROOK HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

Mailing Address

C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3179020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SHARP, STEVE
STREET ADDRESS 4486 FALLBROOK BOULEVARD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE SD ☐ Change ☒ Addition
NAME LATTANZIO, ELLEN
STREET ADDRESS 4910 KYLEMORE COURT
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE PD ☐ Delete
NAME HATTON, DON
STREET ADDRESS 4706 TAMWORTH DR
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME NASH, MIKE
STREET ADDRESS 4455 FALLBROOKDRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PETERKIN, RON
STREET ADDRESS 4463 FALL BROOK BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SCHULTZ, RON
STREET ADDRESS 4423 FALLBROOK BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CORRENTE, CHERYL
STREET ADDRESS 4941 KYLEMORE COURT
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Keith V.P.

3/28/06