2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001471

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

TD

4393 WATER OAK WAY

3992 SILK OAK LALNE

PALM HARBOR, FL 34685

FISCHER, RUSS

PALM HARBOR, FL 34685

() Delete

FILED Apr 14, 2006 Secretary of State

Entity Name: OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3974 TAMPA RD. 3527 PALM HARBOR BLVD SUITE B PALM HARBOR, FL 34683 US OLDSMAR, FL 34677 **New Mailing Address: Current Mailing Address:** P.O. BOX 2157 P.O. BOX 1418 OLDSMAR, FL 346772157 PALM HARBOR, FL 34682 FEI Number: 59-3379718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANSON, JACK B HANSON, JACK B MELROSÉ MANAGEMENT GROUP 3974 TAMPA ROAD 3527 PALM HARBOR BLVD SUITE B OLDSMAR, FL 34677 US PALM HARBOR, FL 34683 US 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. SIGNATURE: JACK B HANSON 04/14/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTIN, BILL Name: Name: 4387 WATER OAK WAY. Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: (X) Delete Title: () Change () Addition BLAKESLEE, MICHAEL Name: Name: Address: 4392 LIVE OAK BLVD Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition FELDER, BARBARA S FELDER, BARBARA S Name: Name:

Title: () Delete Title: SD (X) Change () Addition BARTZ, MARILYN K Name: Name: BARTZ, MARILYN K 4357 WATER OAK WAY 4357 WATER OAK WAY Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4393 WATER OAK WAY

PALM HARBOR, FL 34685

() Change () Addition

SIGNATURE: JACK B HANSON AGNE 04/14/2006