NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/12/03--01008--022 **61.25

DOCUMENT # N96000001471

1. Entity Name

OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3974 TAMPA RD.	P.O. BOX 2157
Suite, Apt. #, etc. B	Suite, Apt. #, etc.
City & State OLDSMAR, FL.	City & State OLDSMAR, FL.
Zip 34677 Country U.S.A.	Zip 34677-2157 Country U.S.A.

4. FEI Number 59-3379718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JACK HANSON

Street Address (P.O. Box Number is Not Acceptable) 3974 TAMPA RD.

SUITE B

City OLDSMAR FL Zip Code 34677

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 _____ 3/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PD
NAME	FERNANDEZ, JOE
STREET ADDRESS	4392 LIVE OAK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL. 34685
TITLE	VPD
NAME	BENEDON, VICKY
STREET ADDRESS	4365 LIVE OAK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL. 34685
TITLE	SD
NAME	CRINNIAN, JOAN
STREET ADDRESS	4350 LIVE OAK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL. 34685
TITLE	TD
NAME	MARTIN, BILL
STREET ADDRESS	4387 WATER OAK WAY
CITY-ST-ZIP	PALM HARBOR, FL. 34685
TITLE	D
NAME	PALSO, BEVERLY
STREET ADDRESS	4440 LIVE OAK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL. 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vicky Benedon 3/3/03 727-787-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #