

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49799** (2)

1. Corporation Name

**ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**2500 VILLAGE CENTER DR
PALM HARBOR FL 34685**

**2500 VILLAGE CENTER DR
PALM HARBOR FL 34685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3179022

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4605 Village Center DR

26 4605 Village Center DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FRIEND, ROBERT
2500 VILLAGE CENTER DR
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name

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

4605 Village Center DR

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

EVANS, DAVID J

STREET ADDRESS

2500 VILLAGE CENTER DR

CITY - ST - ZIP

PALM HARBOR FL

TITLE

VD

NAME

PIAZZA, ALBERT C

STREET ADDRESS

2500 VILLAGE CENTER DR

CITY - ST - ZIP

PALM HARBOR FL

TITLE

SD

NAME

FRIEND, ROBERT

STREET ADDRESS

2500 VILLAGE CENTER DR

CITY - ST - ZIP

PALM HARBOR FL

TITLE

VTD

NAME

BENNETT, FREDERICK J.

STREET ADDRESS

2500 VILLAGE CENTER DR.

CITY - ST - ZIP

PALM HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

4605 Village Center Dr

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Delete

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4605 Village Center Dr

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4605 Village Center Dr

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FREDERICK J. BENNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/10/95 5:17:25 PM