

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49799 (2)

1. Corporation Name

ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

4805 VILLAGE CENTER DR
PALM HARBOR FL 34685
US4805 VILLAGE CENTER DR
PALM HARBOR FL 34685-1224
US3. Date Incorporated or Qualified
07/13/19923a. Date of Last Report
04/29/1996

4. FEI Number

59-3179022

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Seaboard Arbors Mgmt.

26 Seaboard Arbors Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1700 McMullen Booth RD 27 1700 McMullen Booth Rd.

City & State

City & State

Suite C-3

Suite C-3

23 Clearwater, FL 34619 28 Clearwater, FL 34619

Zip

Zip

Country

Country

24 34619

25 USA

29 34619

30 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEND, ROBERT
4805 VILLAGE CENTER DR
PALM HARBOR FL 34685

81 Name

Lennard A. Leighton

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

C/O Seaboard Arbors Mgmt. Services

83

1700 McMullen Booth Road, Suite C-3

84 City

Clearwater,

FL

85 Zip Code

34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EVANS, DAVID J
STREET ADDRESS 4805 VILLAGE CENTER DR.
CITY-ST-ZIP PALM HARBOR FL

DELETE

TITLE SD
NAME FRIEND, ROBERT
STREET ADDRESS 4805 VILLAGE CENTER DR.
CITY-ST-ZIP PALM HARBOR FL

DELETE

TITLE VTD
NAME BENNETT, FREDERICK J.
STREET ADDRESS 4805 VILLAGE CENTER DR.
CITY-ST-ZIP PALM HARBOR FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE PD
1.2 NAME Ullom, Robert
1.3 STREET ADDRESS 4320 Ellinwood Blvd.
1.4 CITY-ST-ZIP Palm Harbor, Fl. 34689

Change Addition

2.1 TITLE VPD
2.2 NAME Wilson, Mark
2.3 STREET ADDRESS 4337 Ellinwood Blvd.
2.4 CITY-ST-ZIP Palm Harbor, Fl. 34689

Change Addition

3.1 TITLE SD
3.2 NAME Sartwell, Katherine
3.3 STREET ADDRESS 4430 Clairson Court
3.4 CITY-ST-ZIP Palm Harbor, Fl. 34689

Change Addition

4.1 TITLE TD
4.2 NAME Allison, Glenn
4.3 STREET ADDRESS 4331 Ellinwood Blvd.
4.4 CITY-ST-ZIP Palm Harbor, Fl. 34689

Change Addition

5.1 TITLE D
5.2 NAME Newton, Dave
5.3 STREET ADDRESS 4254 Ellinwood Blvd.
5.4 CITY-ST-ZIP Palm Harbor, Fl. 34689

Change Addition

6.1 TITLE D
6.2 NAME Chase, Jeff
6.3 STREET ADDRESS 4272 Ellinwood Blvd.
6.4 CITY-ST-ZIP Palm Harbor, Fl. 34689

Change Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 1997

CR2E037 (9/96)

TITLE D

[] CHANGE ~~FX~~ ADDITION

NAME Wexler, Steve

STREET ADDRESS 4578 Halkirk Court

CITY-ST-ZIP Palm Harbor , Fl. 34689

TITLE D

[] CHANGE ~~FX~~ ADDITION

NAME Ostrander, Mark

STREET ADDRESS 4356 Ellinwood Blvd.

CITY-ST-ZIP Palm Harbor, Fl. 34689

TITLE D

[] CHANGE ~~FX~~ ADDITION

NAME Dunn, Allen

STREET ADDRESS 4312 Tremblay Way

CITY-ST-ZIP Palm Harbor, Fl. 34689

TITLE

[] CHANGE [] ADDITION

NAME

STREET ADDRESS

CITY-ST-ZIP
