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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49799**

1. Corporation Name

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

Principal Place of Business

%SEABOARD ARBORS MGNT  
1700 MCMULLEN BOOTH RD STE C-3  
CLEARWATER FL 34619  
US

Mailing Address

%SEABOARD ARBORS MGNT  
1700 MCMULLEN BOOTH RD STE C-3  
CLEARWATER FL 34619  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/13/1992

4. FEI Number

59-3179022

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A  
C/O SEABOARD ARBORS MNGT. SERVICES  
1700 MCMULLEN BOOTH ROAD STE C-3  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ULLOM, ROBERT  
STREET ADDRESS 4320 ELLINWOOD BLVD  
CITY-ST-ZIP PALM HARBOR FL 34689 ☒ DELETE

TITLE D  
NAME CLOTH, TRACY  
STREET ADDRESS 4295 TREMBLAY WAY  
CITY-ST-ZIP PALM HARBOR FL 34689 ☒ DELETE

TITLE VPD  
NAME WILSON, SHIRLEY  
STREET ADDRESS 4337 ELLINWOOD BLVD  
CITY-ST-ZIP PALM HARBOR FL 34689 ☒ DELETE

TITLE D  
NAME FISCHER, CAROLE ANN  
STREET ADDRESS 4338 ELLINWOOD BLVD  
CITY-ST-ZIP PALM HARBOR FL 34689 ☐ DELETE

TITLE DS  
NAME WATTS, BRENDA  
STREET ADDRESS 4287 TREMBLAY WAY  
CITY-ST-ZIP PALM HARBOR FL 34689 ☐ DELETE

TITLE PD  
NAME BOND, THERESA  
STREET ADDRESS 4235 ELLINWOOD BLVD  
CITY-ST-ZIP PALM HARBOR FL 34689 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME PD  
1.3 STREET ADDRESS CONDREN, JAMES  
1.4 CITY-ST-ZIP 4288 TREMBLAY WAY  
PALM HARBOR FL

2.1 TITLE VPD  
2.2 NAME LEARY, DENNIS  
2.3 STREET ADDRESS 4355 TREMBLAY WAY  
2.4 CITY-ST-ZIP PALM HARBOR FL ☐ Change ☒ Addition

3.1 TITLE TD  
3.2 NAME WILSON, MARK  
3.3 STREET ADDRESS 4337 ELLINWOOD BLVD  
3.4 CITY-ST-ZIP PALM HARBOR FL ☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME TREMBLAY, JENNIFER  
4.3 STREET ADDRESS 4280 TREMBLAY WAY  
4.4 CITY-ST-ZIP PALM HARBOR, FL ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D  
6.2 NAME LEIDNER, CHARLES  
6.3 STREET ADDRESS 4272 ELLINWOOD BLVD  
6.4 CITY-ST-ZIP PALM HARBOR FL ☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

727-943-2868

Date

Daytime Phone #

CR2E037 (11/98)