

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49799

1. Entity Name

ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

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

%SEABOARD ARBORS MGNT
1700 MCMULLEN BOOTH RD STE C-3
CLEARWATER FL 33759-2129
US

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 035 ****61.25



DO NOT WRITE IN THIS SPACE

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765

FEI Number
59-3179022

Applied For
Not Applicable

Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONDREN, JAMES	
STREET ADDRESS	4288 TREMBLAY WAY	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEARY, DENNIS	
STREET ADDRESS	4355 TREMBLAY WAY	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, MARK	
STREET ADDRESS	4337 ELLINWOOD BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, CAROLE ANN	
STREET ADDRESS	4338 ELLINWOOD BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WATTS, BRENDA	
STREET ADDRESS	4287 TREMBLAY WAY	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIDNER, CHARLES	
STREET ADDRESS	4272 ELLINWOOD BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00