

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N49799****1. Entity Name**  
ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.**Principal Place of Business**  
SEABOARD ARBORS MGNT  
2189 CLEVELAND ST, STE 225  
CLEARWATER FL 33765 US**Mailing Address**  
SEABOARD ARBORS MGNT  
2189 CLEVELAND ST, STE 225  
CLEARWATER FL 33765 US**2. Principal Place of Business**  
325 S BOULEVARD**3. Mailing Address**  
325 S BOULEVARD**Suite, Apt. #, etc.****Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

**City & State**  
TAMPA FL**City & State**  
TAMPA FL**4. FEI Number**  
**59-3179022**  
**Applied For**  
**Not Applicable****Zip**  
33606  
**Country**  
US**Zip**  
33606  
**Country**  
US**5. 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**  
HANSON JACK B  
**Street Address (P.O. Box Number is Not Acceptable)**  
325 S BOULEVARD  
**City**  
TAMPA FL **Zip Code**  
33606**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** **JACK B. HANSON** **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	LEIDNER CHARLES		<b>NAME</b>		
<b>STREET ADDRESS</b>	4272 ELLINWOOD BLVD		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34689		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>DS</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	WATTS BRENDA		<b>NAME</b>	HOGAN EDWARD	
<b>STREET ADDRESS</b>	4287 TREMBLAY WAY		<b>STREET ADDRESS</b>	4284 ELLINWOOD BOULEVARD	
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34689		<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34685	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	FISCHER CAROLE ANN		<b>NAME</b>	LEIDNER CHARLES	
<b>STREET ADDRESS</b>	4338 ELLINWOOD BLVD		<b>STREET ADDRESS</b>	4272 ELLINWOOD BLVD	
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34689		<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34685	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	WILSON MARK		<b>NAME</b>	WILSON MARK	
<b>STREET ADDRESS</b>	4337 ELLINWOOD BLVD		<b>STREET ADDRESS</b>	4337 ELLINWOOD BLVD	
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34689		<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34685	
<b>TITLE</b>	<b>VPD</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	LEARY DENNIS		<b>NAME</b>	LEARY DENNIS	
<b>STREET ADDRESS</b>	4355 TREMBLAY WAY		<b>STREET ADDRESS</b>	4355 TREMBLAY WAY	
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34689		<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34685	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	CONDREN JAMES		<b>NAME</b>	CONDREN JAMES	
<b>STREET ADDRESS</b>	4288 TREMBLAY WAY		<b>STREET ADDRESS</b>	4288 TREMBLAY WAY	
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34689		<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34685	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** James Condren DP 04/26/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)