## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N49799

FILED Feb 15, 2002 8:00 AM Secretary of State

Entity Name: ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Pr	rincipal Place of Business:	New Principal Place of Business:
325 S BOULEVARD		3974 TAMPA ROAD
TAMPA, FL	_ 33606 US	B OLDSMAR, FL 34677 US
Current Ma	ailing Address:	New Mailing Address:
005 O DOLL	II EVADO	DO DOV 0457
325 S BOU TAMPA, FL		PO BOX 2157 OLDSMAR, FL 34677 US
FEI Number:	59-3179022 FEI Number Applied For ( ) FEI Nur	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
HANSON, J	JACK B	HANSON, JACK B
325 S BOÙ TAMPA, FL		3974 TAMPA ROAD B
17 (IVII 7 V, 1 L	33000 00	OLDSMAR, FL 34677 US
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.		
SIGNATUR	RE:	02/15/2002
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete CONDREN, JAMES 4288 TREMBLAY WAY PALM HARBOR, FL 34685	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete LEARY, DENNIS 4355 TREMBLAY WAY PALM HARBOR, FL 34685	Title: VPDS (X) Change ( ) Addition Name: CURRY, GARY Address: 4314 ELLINWOOD BOULEVARD City-St-Zip: PALM HARBOR, FL 34685
Title: Name: Address: City-St-Zip:	TD () Delete WILSON, MARK 4337 ELLINWOOD BLVD PALM HARBOR, FL 34685	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete LEIDNER, CHARLES 4272 ELLINWOOD BLVD PALM HARBOR, FL 34685	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DS () Delete HOGAN, EDWARD 4284 ELLINWOOD BOULEVARD PALM HARBOR, FL 34685	Title: D (X) Change ( ) Addition Name: PALLENIK, LINDA Address: 4312 TREMBLAY WAY City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CONDREN DP 02/15/2002