2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49799

FILED Jan 30, 2004 Secretary of State

Entity Name: ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
3974 TAMP	'A ROAD						
B OLDSMAR,	FL 34677	US					
Current Mailing Address:				New Mailing Address:			
PO BOX 21 OLDSMAR,		US					
FEI Number:	59-3179022	FEI Number Applied I	For () FEI Nu	mber Not Appl	icable ()	Certificate o	of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
·	A ROAD FL 34677 named entity	US r submits this statemer	it for the purpose (of changing il	ts registered c	office or regi	stered agent, or both,
SIGNATUR							
SIGNATOR		onic Signature of Regis	tered Agent			Dat	te
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPD (PALLENIK, LI 4312 TREMBI PALM HARBO	LAY WAY		Title: Name: Address: City-St-Zip:	PD (X CONDREN, JAI 4288 TREMBL/ PALM HARBOR	AY WAY	Addition
Title: Name: Address: City-St-Zip:	SD (CARTER, JEN 4624 TREMBI PALM HARBO	LAY WAY		Title: Name: Address: City-St-Zip:	D (X CARTER, JENN 4624 TREMBLA PALM HARBOR	AY WAY	Addition
Title: Name: Address: City-St-Zip:	TD (WILSON, MAI 4337 ELLINW PALM HARBO	OOD BLVD		Title: Name: Address: City-St-Zip:) Change ()A	Addition
Title: Name: Address: City-St-Zip:	D (PALLENIK, LI 4312 TREMBI PALM HARBO	LAY WAY		Title: Name: Address: City-St-Zip:) Change ()A	Addition
Title: Name: Address: City-St-Zip:	D (SWARTZ, CIN 4439 CLAIRS PALM HARBO	ON CT		Title: Name: Address: City-St-Zip:	VPDD (X SWARTZ, CINE 4439 CLAIRSO PALM HARBOR	N CT	Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SD () RIO, SHARON 4229 ELLINWO PALM HARBOR		Addition

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 P 01/30/2004

TINA SHANK DIRECTOR 4308 ELLINWOOD BLVD. PALM HARBOR, FL 34685

CHARLES LEIDER DIRECTOR 4272 ELLINWOOD BLVD. PALM HARBOR, FL 34685

BOB ULLOM DIRECTOR 4320 ELLINWOOD BLVD. PALM HARBOR, FL 34685

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