2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49799

FILED Apr 16, 2008 Secretary of State

Entity Name: ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US

Current Mailing Address: New Mailing Address:

3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US

FEI Number: 59-3179022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANSON, JACK B MELROSÉ MANAGEMENT GROUP 3527 PALM HARBOR BLVD

HANSON, JACK B MELROSÉ-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 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.

SIGNATURE: JACK B HANSON 04/16/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete RIO. SHARON CHRISTENSEN, SHARON Name: Name: 4229 ELLINWOOD BLVD Address: 4229 ELLINWOOD BLVD Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

Title: SD Title: (X) Change () Addition () Delete

REGGIO, KIM Name: OSTRANDER, MARK Name: Address: 4264 TREMBLAY WAY Address: 4356 ELLINWOOD BLVD. City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

Title: () Delete Title: () Change () Addition

WILSON, MARK Name: Name: 4337 ELLINWOOD BLVD Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip:

(X) Change () Addition Title: VPD () Delete Title: SD

SWARTZ, CINDY Name: Name: SWARTZ, CINDY Address: 4439 CLARISON CT Address: 4439 CLARISON CT City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

Title: () Delete Title: (X) Change () Addition

ULLOM, BOB REGGIO, KIM Name: Name: 4320 ELLINWOOD BLVD 4264 TREMBLAY WAY Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHARON CHRISTENSEN PD 04/16/2008

Electronic Signature of Signing Officer or Director

Date