

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49799

FILED
Apr 17, 2009
Secretary of State

Entity Name: ELLINWOOD AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-3179022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHRISTENSEN, SHARON
Address: 4229 ELLINWOOD BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD () Delete
Name: OSTRANDER, MARK
Address: 4356 ELLINWOOD BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: WILSON, MARK
Address: 4337 ELLINWOOD BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: SWARTZ, CINDY
Address: 4439 CLARISON CT
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: REGGIO, KIM
Address: 4264 TREMBLAY WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OSTRANDER, MARK
Address: 4356 ELLINWOOD BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD (X) Change () Addition
Name: REGGIO, KIM
Address: 4264 TREMBLAY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SOLTZ, BRIAN
Address: 4259 ELLINWOOD BLVD
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: MARK OSTRANDER

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04/17/2009

Electronic Signature of Signing Officer or Director

Date