

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY - 1 PM 7:31

DOCUMENT # N49832
1. Corporation Name

FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

100001491991
-05/17/95--01147--017
****130.00 ****130.00

Principal Place of Business Mailing Address
SEABOARD ARBORS MANAGEMENT SERVICES, INC. 1700 McMullen Booth Road,
Suite C-3
Clearwater, Fl. 34619

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **June 13, 1992** 3a. Date of Last Report **April 30, 1994**
4. FEI Number **59-3179020** Applied For
Not Applicable

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25		
26		
27		
28		
29		
30		

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Lennard A. Leighton
C/O Seaboard Arbors Management Services, Inc.
1700 McMullen Booth Road, Suite C-3
Clearwater, Fl. 34619

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *Lennard A. Leighton* DATE *4/26/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				PD	Raji, Sandra	4419 Fallbrook Blvd.	Palm Harbor, Fl. 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				VPD	Shiffman, Howard	4877 Kylemore Ct.	Palm Harbor, Fl. 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				SD	Knight, Jerold	4722 Kylemore Ct.	Palm Harbor, Fl. 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				TD	Nienow, Carl	4941 Kylemore Ct.	Palm Harbor, Fl. 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				D	Brock, Heather	4464 Fallbrook Blvd.	Palm Harbor, Fl. 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				D	Kregler, Frank	4491 Fallbrook Blvd.	Palm Harbor, Fl. 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Jerold Knight* DATE: *4-26-95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEROLD KNIGHT