

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49832 (1)
 1. Corporation Name
FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O SEABOARD ARBORS MANAGEMENT SERVICES, INC. 1700 MCMULLEN BOOTH ROAD, STE. C-3 CLEARWATER FL 34619	Mailing Address C/O SEABOARD ARBORS MANAGEMENT SERVICES, INC. 1700 MCMULLEN BOOTH ROAD, STE. C-3 CLEARWATER FL 34619
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3179020	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEIGHTON, LENNARD A. C/O SEABOARD ARBORS MANAGEMENT SERVICES IN 1700 MCMULLEN BOOTH ROAD STE.C-3 CLEARWATER FL 34619	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <p style="text-align: right;">FL</p>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RAJI, SANDRA 4419 FALLBROOK BLVD. PALM HARBOR FL 34685	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SHIFFMAN, HOWARD 4877 KYLEMORE CT. PALM HARBOR FL 34685	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KNIGHT, JEROLD 4722 KYLEMORE CT. PALM HARBOR FL 34685	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD NEINOW, CARL 4941 KYLEMORE CT. PALM HARBOR FL 34685	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BROCK, HEATHER 4464 FALLBROOK BLVD. PALM HARBOR FL 34685	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KREGLER, FRANK 4491 FALLBROOK BLVD. PALM HARBOR FL 34685	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
		D RHOADS, PHYLLIS 4934 Kylemore Ct. Palm Harbor, FL 34685	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: Sandra Raji 3/7/96 943-9876
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)