

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49832 (1)**  
1. Corporation Name  
**FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business <b>C/O SEABOARD ARBORS MANAGEMENT SERVICES.IN 1700 MCMULLEN BOOTH ROAD. STE. C-3 CLEARWATER FL 34619</b>	Mailing Address <b>C/O SEABOARD ARBORS MANAGEMENT SERVICES.IN 1700 MCMULLEN BOOTH ROAD. STE. C-3 CLEARWATER FL 34619-2129</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/13/1992</b>	3a. Date of Last Report <b>04/04/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3179020</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>LEIGHTON, LENNARD A. C/O SEABOARD ARBORS MANAGEMENT SERVICES IN 1700 MCMULLEN BOOTH ROAD STE.C-3 CLEARWATER FL 34619</b>	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

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D-V-P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAJI, SANDRA</b>		1.2 NAME	
STREET ADDRESS <b>4419 FALLBROOK BLVD.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>PALM HARBOR FL 34685</b>		1.4 CITY - ST - ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIFFMAN, HOWARD</b>		2.2 NAME	
STREET ADDRESS <b>4877 KYLEMORE CT.</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>PALM HARBOR FL 34685</b>		2.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KNIGHT, JEROLD</b>		3.2 NAME	
STREET ADDRESS <b>4722 KYLEMORE CT.</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>PALM HARBOR FL 34685</b>		3.4 CITY - ST - ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEINOW, CARL</b>		4.2 NAME	
STREET ADDRESS <b>4941 KYLEMORE CT.</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>PALM HARBOR FL 34685</b>		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RHOADS, PHYLLIS</b>		5.2 NAME <b>Reynolds, Karen</b>	
STREET ADDRESS <b>4934 KYLEMORE CT</b>		5.3 STREET ADDRESS <b>4300 Fallbrook Blvd.</b>	
CITY - ST - ZIP <b>PALM HARBOR FL</b>		5.4 CITY - ST - ZIP <b>Palm Harbor, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KREGLER, FRANK</b>		6.2 NAME <b>Scott, Jan</b>	
STREET ADDRESS <b>4491 FALLBROOK BLVD.</b>		6.3 STREET ADDRESS <b>4691 Tamworth Dr.</b>	
CITY - ST - ZIP <b>PALM HARBOR FL 34685</b>		6.4 CITY - ST - ZIP <b>Palm Harbor, FL</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Jerold Knight* SIGNED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067166

CR2E037 (9/96)