

FILE NOW: FILING FEE IS \$61.25

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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 07/13/1992	4. FEI Number 59-3179020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	RAJI, SANDRA	
STREET ADDRESS	4419 FALLBROOK BLVD.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHIFFMAN, HOWARD	
STREET ADDRESS	4877 KYLEMORE CT.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNIGHT, JEROLD	
STREET ADDRESS	4722 KYLEMORE CT.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEINOW, CARL	
STREET ADDRESS	4941 KYLEMORE CT.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, KAREN	
STREET ADDRESS	4300 FALLBROOK BLVD.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, JAN	
STREET ADDRESS	4691 TAMWORTH DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rhoads, Phyllis	
1.3 STREET ADDRESS	4924 Kylemore Court	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Faylo, Darrell	
2.3 STREET ADDRESS	4878 Kylemore Court	
2.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mixon, Joe	
3.3 STREET ADDRESS	4898 Kylemore Court	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Amorello, Steve	
4.3 STREET ADDRESS	4764 Kylemore Court	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 2/13/98 (B13) 934-7194

CF2E037 (10/97)