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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49832

1. Corporation Name

FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

C/O SEABOARD ARBORS MANAGEMENT SERVICES.IN
1700 MCMULLEN BOOTH ROAD. STE. C-3
CLEARWATER FL 34619

Mailing Address

C/O SEABOARD ARBORS MANAGEMENT SERVICES.IN
1700 MCMULLEN BOOTH ROAD. STE. C-3
CLEARWATER FL 34619



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/13/1992

22 City & State

27 City & State

4. FEI Number

Applied For

59-3179020

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MANAGEMENT SERVICES IN
1700 MCMULLEN BOOTH ROAD STE.C-3
CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME RHOADS, PHYLLIS
STREET ADDRESS 4924 KYLEMORE COURT
CITY-ST-ZIP PALM HARBOR FL 34685

1.1 TITLE Change Addition

TITLE DVP DELETE

NAME FAYLO, DARRELL
STREET ADDRESS 4878 KYLEMORE COURT
CITY-ST-ZIP PALM HARBOR FL 34685

2.1 TITLE Change Addition

TITLE PD DELETE

NAME KNIGHT, JEROLD
STREET ADDRESS 4722 KYLEMORE CT.
CITY-ST-ZIP PALM HARBOR FL

3.1 TITLE Change Addition

TITLE TD DELETE

NAME NEINOW, CARL
STREET ADDRESS 4941 KYLEMORE CT.
CITY-ST-ZIP PALM HARBOR FL 34685

4.1 TITLE Change Addition

4.2 NAME KALAHAR, LORRIE
4.3 STREET ADDRESS 4471 FALLBROOK BLVD
4.4 CITY-ST-ZIP PALM HARBOR FL

TITLE D DELETE

NAME MIXON, JOE
STREET ADDRESS 4898 KYLEMORE COURT
CITY-ST-ZIP PALM HARBOR FL 34685

5.1 TITLE Change Addition

5.2 NAME AMORELLO, STEVEN
5.3 STREET ADDRESS 4674 KYLEMORE COURT
5.4 CITY-ST-ZIP PALM HARBOR FL

TITLE D DELETE

NAME SCOTT, JAN
STREET ADDRESS 4691 TAMWORTH DRIVE
CITY-ST-ZIP PALM HARBOR FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

727-934-7194

CR2E037 (1/98)