

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N49832**

1. Entity Name

FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

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

C/O SEABOARD ARBORS MANAGEMENT SERVICES,IN
1700 MCMULLEN BOOTH ROAD. STE. C-3
CLEARWATER FL 33759-2129

2. Principal Place of Business

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90158 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3179020** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. 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

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHOADS, PHYLLIS 4924 KYLEMORE COURT PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete FAYLO, DARRELL 4878 KYLEMORE COURT PALM HARBOR FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete KNIGHT, JEROLD 4722 KYLEMORE CT. PALM HARBOR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JDE MIHON 4898 KYLEMORE COURT PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete NEINOW, CARL 4941 KYLEMORE CT. PALM HARBOR FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RANDY FIERBAUGH 4679 TAMWORTH DRIVE PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KALAHAR, LORRIE 4471 FALLBROOK BLVD PALM HARBOR FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHERYL MELIOSIAN 4688 TAMWORTH DRIVE PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCOTT, JAN 4691 TAMWORTH DRIVE PALM HARBOR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY WILLIAMSON 4498 FALLBROOK BLVD. PALM HARBOR FL

12. 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 report or supplemental 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 10 or Block 11 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

Joseph J. Miron
1/13/2000 127 942 8685

Date

Daytime Phone #

CR2E037 (9/99)