

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90016 007 ****61.25

DOCUMENT # N49832
1. Entity Name
FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O SEABOARD ARBORS MGMT SVC INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765
C/O SEABOARD ARBORS MGMT SVC INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELIDOSIAN, CHERYLL 4688 TRM WORTH DR PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATTON, DON 4706 TAMWORTH DR PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NASH, MIKE 4455 FALLBROOK DRIVE PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPPERT, CLAUDIA 4478 FALLBROOK BLVD PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTZ, RON 4423 FALLBROOK BLVD PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Steve Sharp 4486 Fallbrook Boulevard Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Pitarresi 4608 Tamworth Drive Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Corrente 4941 Kylemore Court Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wan Hattin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/27/04* Daytime Phone #