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

DOCUMENT # N49832

1. Entity Name

Principal Place of Business

FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.



C/O SEABOARD ARBORS MGMT SVC INC	
2189 CLEVELAND ST STE 225	
CLEARWATER FL 33765	

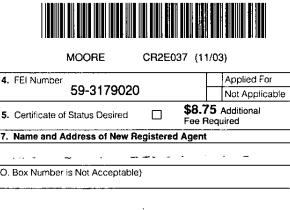
Mailing Address
C/O SEABOARD ARBORS MGMT SVC INC

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.	Suite, Apt. #, etc.		
City & State		City & State	City & State		
Zip	Country	Zip	Country		

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

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



6. Name and Address of Current Registered Agent Name LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) C/O SEABOARD ARBORS MGMT SVC INC 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGE FFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change Addition TD MELIDOSIAN, CHERYLL NAME NAME Steve Sharp 4688 TRMWÖRTH DR STREET ADDRESS STREET ADDRESS 4486 Fallbrook Boulevard PALM HARBOR FL 34685 CITY-ST-ZIE CITY-ST-ZIP Palm Harbor, FL 34685 PΩ TITLE ☐ Delete TITLE ☐ Change Addition HATTON, DON MAKE NAME 4706 TAMWORTH DR STREET AUDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NASH, MIKE NAME NAME 4455 FALLBROOKDRIVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP Addition STAPPERT, CLAUDIA Anthony Pitarresi NAME 4478 FALLBROOK BLVD 4608 Tamworth Drive STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 Palm Harbor, FL 34685 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Addition TITLE SCHULTZ, RON SD NAME NAME 4423 FALLBROOK BLVD STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Cheryl Corrente NAME NAME 4941 Kylemore Court STREET ADDRESS STREET ADDRESS Palm Harbor, FL 34685 CITY-ST-ZIP CITY-ST-ZIP

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

CHATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04

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