

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 039 ****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 C/O SEABOARD ARBORS MGMT SVC INC
 2189 CLEVELAND ST STE 225 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765 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**



1st MOORE CR2E037 (10/04)

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, 2005

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	TD	<input type="checkbox"/> Delete
NAME	SHARP, STEVE	
STREET ADDRESS	4486 FALLBROOK BOULEVARD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HATTON, DON	
STREET ADDRESS	4706 TAMWORTH DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NASH, MIKE	
STREET ADDRESS	4455 FALLBROOKDRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PITARRESI, ANTHONY	
STREET ADDRESS	4608 TARNWORTH DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHULTZ, RON	
STREET ADDRESS	4423 FALLBROOK BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORRENTE, CHERYL	
STREET ADDRESS	4941 KYLEMORE COURT	
CITY-ST-ZIP	PALM HARBOR FL 34685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterkin, Ron	
STREET ADDRESS	4463 Fall Brook Blvd	
CITY-ST-ZIP	Palm Jarbor, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **President** 727 943 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #