


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 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

1st MOORE CR2E037 (10/04)

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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FALLBROOK DRIVE
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD
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:  **President** 727 943 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #