


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEIGHTON, LENNARD A C/O SEABOARD ARBORS MGMT SVC INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
4. FEI Number 59-3179020 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, STEVE	NAME	
STREET ADDRESS	4486 FALLBROOK BOULEVARD	STREET ADDRESS	U00000673304
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	03/29/07-80024-001 61.25
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTON, DON	NAME	
STREET ADDRESS	4706 TAMWORTH DR	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, MIKE	NAME	
STREET ADDRESS	4455 FALLBROOKDRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTANZIO, ELLEN	NAME	
STREET ADDRESS	4910 KYLEMORE CT	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, RON	NAME	
STREET ADDRESS	4423 FALLBROOK BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRENTE, CHERYL	NAME	
STREET ADDRESS	4941 KYLEMORE COURT	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 