

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 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 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 - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

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**

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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent Signature is required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	D SHARP, STEVE <input type="checkbox"/> Delete 4486 FALLBROOK BOULEVARD PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HATTON, DON <input type="checkbox"/> Delete 4706 TAMWORTH DR PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NASH, MIKE <input type="checkbox"/> Delete 4455 FALLBROOKDRIVE PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LATTANZIO, ELLEN <input type="checkbox"/> Delete 4910 KYLEMORE CT PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULTZ, RON <input type="checkbox"/> Delete 4423 FALLBROOK BLVD PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORRENTE, CHERYL <input type="checkbox"/> Delete 4941 KYLEMORE COURT PALM HARBOR FL 34685

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" 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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mike Nash*