

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49832

FILED
Feb 21, 2011
Secretary of State

Entity Name: FALLBROOK AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2870 SCHERER DRIVE N
SUITE 100
ST. PETERSBURG, FL 33716

Current Mailing Address:

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

New Mailing Address:

2870 SCHERER DRIVE N
SUITE 100
ST. PETERSBURG, FL 33716

FEI Number: 59-3179020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

CIANFRONE, JOSEPH PA
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 US

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.

SIGNATURE: JOSEPH CIANFRONE

02/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BUREK, BRIAN
Address: 4333 FALLBROOK BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: VP
Name: LATTANZIO, ELLEN
Address: 4910 KYLEMORE CT.
City-St-Zip: PALM HARBOR, FL 34685

Title: T
Name: NASH, MIKE
Address: 4455 FALLBROOK BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: S
Name: SAM, MCLAUGHLIN
Address: 4384 FALLBROOK BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: D
Name: BROCK, MARCIA
Address: 4700 KYLEMORE CT.
City-St-Zip: PALM HARBOR, FL 34685

Title: D
Name: SCHULTZ, RONALD
Address: 4423 FALLBROOK BLVD.
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLEEN VERDON

LCAM

02/21/2011

Electronic Signature of Signing Officer or Director

Date