


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004449 1. Entity Name LANSBROOK DRAINAGE ASSOCIATION, INC.	
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Principal Place of Business 200 WEST MADISON STREET SUITE 3700 CHICAGO, IL 60641	Mailing Address 200 WEST MADISON STREET SUITE 3700 CHICAGO, IL 60641
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3316961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing 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
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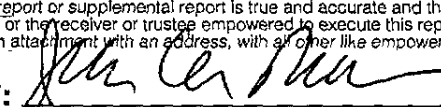
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS POORMAN, JOHN K 200 WEST MADISON ST.37TH FL CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNCH, KEVIN D 200 WEST MADISON ST.37TH FL CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COHEN, ROBBIN 200 WEST MADISON ST.37TH FL CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLELAND, JENNIFER 200 WEST MADISON ST., 37TH FLOOR CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/05-80069-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:  **4/20/05**

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

John Kevin Poorman, President

04/18/05