2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001471

Name:

Address:

City-St-Zip:

FISCHER, RUSS

3992 SILK OAK LALNE

PALM HARBOR, FL 34685

FILED Apr 05, 2005 Secretary of State

Entity Name: OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3974 TAMPA RD. SUITE B OLDSMAR, FL 34677 **New Mailing Address: Current Mailing Address:** P.O. BOX 2157 OLDSMAR, FL 346772157 FEI Number: 59-3379718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HANSON, JACK HANSON, JACK B 3974 TAMPA ROAD 3974 TAMPA ROAD SUITE B SUITE B OLDSMAR, FL 34677 US OLDSMAR, FL 34677 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: JACK B HANSON 04/05/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTIN, BILL Name: Name: 4387 WATER OAK WAY. Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition WALLER, GERRY Name: BLAKESLEE, MICHAEL Name: Address: 4377 LIVE OAK BLVD Address: 4392 LIVE OAK BLVD City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: SD () Delete Title: SD (X) Change () Addition MEYER, MIKE FELDER, BARBARA S Name: Name: 4356 LIVE OAK BLVD. Address: Address: 4393 WATER OAK WAY City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: TD () Delete Title: () Change () Addition

Title: () Delete Title: (X) Change () Addition BERLIN, ELIZABETH Name: Name: BARTZ, MARILYN K 4040 SILK OAK LANE 4357 WATER OAK WAY Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JACK B HANSON AGEN 04/05/2005