

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Mortram  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 746391 (2)**

1. Corporation Name

**EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS  
SOCIATION UNIT FOUR, INC.**

Principal Place of Business

Mailing Address

3490 E. LAKE ROAD  
STE. C  
PALM HARBOR FL 34685  
US

P O BOX 1448  
PALM HARBOR FL 34682-1448  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1979** 3a. Date of Last Report **04/04/1994**

4. FEI Number **59-1954087** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK  
% MANAGEMENT AND ASSOC.  
3490 E. LAKE RD., SUITE C  
PALM HARBOR FL 34685

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HEALY, ED  
STREET ADDRESS 120 POOLE PL  
CITY-ST-ZIP OLDSMAR FL

TITLE STD  
NAME COLEMAN, LYNN  
STREET ADDRESS 80 POOLE PLACE  
CITY-ST-ZIP OLDSMAR FL

TITLE D  
NAME MILLER, THOMAS  
STREET ADDRESS 90 TADS TRL  
CITY-ST-ZIP OLDSMAR FL

TITLE VD  
NAME SWEIGART, JAKE  
STREET ADDRESS 80 TADS TRAIL  
CITY-ST-ZIP OLDSMAR FL

TITLE D  
NAME EGRE, FRED  
STREET ADDRESS 70 EVELYN COURT  
CITY-ST-ZIP OLDSMAR FL

TITLE D  
NAME CARL, WALTER  
STREET ADDRESS 30 COLETTE CT.  
CITY-ST-ZIP OLDSMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD  Change  Addition  
12 NAME RIES, CARL  
13 STREET ADDRESS 25 TADS TRAIL  
14 CITY-ST-ZIP OLDSMAR FL

21 TITLE DS  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE DVP  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE D  Change  Addition  
42 NAME RAUCH, JOHN  
43 STREET ADDRESS 30 TADS TRAIL  
44 CITY-ST-ZIP OLDSMAR FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE D  Change  Addition  
62 NAME LOIACONO, CARMINE  
63 STREET ADDRESS 10 TADS TRAIL  
64 CITY-ST-ZIP OLDSMAR FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carl A. Riss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CARL A. RISS

9-27-95 (813) 784-9676

146391

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT  
ASSOCIATION UNIT FOUR, INC.

ADDITIONAL DIRECTORS

TURECK, JUDY  
100 EVELYN COURT  
OLDSMAR FL