

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746391 (2)

1. Corporation Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT ASSOCIATION 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

3. Date Incorporated or Qualified
03/22/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1954087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	HEALY, ED	120 POOLE PL	OLDSMAR FL	<input checked="" type="checkbox"/>
DS	COLEMAN, LYNN	80 POOLE PLACE	OLDSMAR FL	<input checked="" type="checkbox"/>
DVP	MILLER, THOMAS	90 TADS TRL	OLDSMAR FL	<input checked="" type="checkbox"/>
D	RAUCH, JOHN	30 TADS TRAIL	OLDSMAR FL	<input checked="" type="checkbox"/>
D	EGRE, FRED	70 EVELYN COURT	OLDSMAR FL	<input checked="" type="checkbox"/>
D	CARL, WALTER	30 COLETTE CT.	OLDSMAR FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-ST-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-ST-ZIP	1.13 TITLE	1.14 NAME	1.15 STREET ADDRESS	1.16 CITY-ST-ZIP
P/D	Thomas C. Miller	90 Tads Trail	Oldsmar, FL 34677	D/VP	John Rauch	30 Tads Trail	Oldsmar, FL 34677	D/S	Bradley B. Petersen	179 Poole Place	Oldsmar, FL 34677	D/T	Lynn Coleman	80 Poole Place	Oldsmar, FL 34677
D	Robert C. Petrilla	60 Evelyn Court	Oldsmar, FL 34677	D	Frederic H. Bird	120 Evelyn Court	Oldsmar, FL 34677								

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 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

813-544-6880

Daytime Phone #

CP2E037 (12/95)