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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP O BOX 1448
PALM HARBOR FL 34682-1448
US3. Date Incorporated or Qualified
03/22/19793a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-1954087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MILLER, THOMAS C.
STREET ADDRESS 90 TADS TRAIL
CITY-ST-ZIP OLDSMAR FL1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Eugene T. Cogswell
1.3 STREET ADDRESS 100 Tads Trail
1.4 CITY-ST-ZIP Oldsmar FL 34677TITLE DV ☒ DELETE
NAME RAUCH, JOHN
STREET ADDRESS 30 TADS TRAIL
CITY-ST-ZIP OLDSMAR FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Marjorie S. Roberts
2.3 STREET ADDRESS 120 Colette Ct.
2.4 CITY-ST-ZIP Oldsmar FL 34677TITLE DS ☐ DELETE
NAME PETERSEN, BRADLEY B.
STREET ADDRESS 179 POOLE PLACE
CITY-ST-ZIP OLDSMAR FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Richard A. Giachino
3.3 STREET ADDRESS 10 Tads Trail
3.4 CITY-ST-ZIP Oldsmar FL 34677TITLE DT ☐ DELETE
NAME COLEMAN, LYNN
STREET ADDRESS 80 POOLE PLACE
CITY-ST-ZIP OLDSMAR FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME PETRILLA, ROBERT C.
STREET ADDRESS 60 EVELYN COURT
CITY-ST-ZIP OLDSMAR FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BIRD, FREDERIC H.
STREET ADDRESS 120 EVELYN COURT
CITY-ST-ZIP OLDSMAR FL6.1 TITLE VP ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/24/97 Daytime Phone # 813-784-2388 0088588

CR2E037 (9/96)