

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746391 (2)**  
 1. Corporation Name  
**EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS SOCIATION UNIT FOUR, INC.**



Principal Place of Business <b>3490 E. LAKE ROAD STE. C PALM HARBOR FL 34685 US</b>	Mailing Address <b>P O BOX 1448 PALM HARBOR FL 34682-1448 US</b>
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3. Date Incorporated or Qualified <b>03/22/1979</b>	Applied For
4. FEI Number <b>59-1954087</b>	Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCANNAVINO, DOMINICK  
 % MANAGEMENT AND ASSOC.  
 3490 E. LAKE RD., SUITE C  
 PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, THOMAS C.</b>		1.2 NAME	
STREET ADDRESS <b>90 TADS TRAIL</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>OLDSMAR FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COGSWELL, EUGENE T.</b>		2.2 NAME	
STREET ADDRESS <b>100 TRADS TRAIL</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OLDSMAR FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PETERSEN, BRADLEY B.</b>		3.2 NAME	
STREET ADDRESS <b>179 POOLE PLACE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OLDSMAR FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLEMAN, LYNN</b>		4.2 NAME	
STREET ADDRESS <b>80 POOLE PLACE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OLDSMAR FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERTS, MARJORIE S.</b>		5.2 NAME	
STREET ADDRESS <b>120 COLETTE CT.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>OLDSMAR FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIRD, FREDERIC H.</b>		6.2 NAME	
STREET ADDRESS <b>120 EVELYN COURT</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>OLDSMAR FL</b>		6.4 CITY-ST-ZIP	

VD <b>WARACH, IRVIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
130 EVELYN COURT	
OLDSMAR FL	
SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Thomas C. Miller Thomas C. Miller 4/6/98 (813) 784-2388  
 Pres. Date Daytime Phone # 0069467

CR2E037 (10/97)

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

ADDITIONAL DIRECTORS:

GIACHINO, RICHARD  
10 TADS TRAIL  
OLDSMAR, FL