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May 06, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999

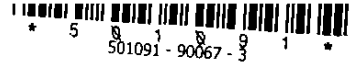


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746391

1. Corporation Name

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



Principal Place of Business

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

Mailing Address

P O BOX 1448
 PALM HARBOR FL 34682-1448
 US

2. Principal Place of Business

21 1050A EAST LAKE
 Suite, Apt. #, etc. WOODLANDS PKWY

2a. Mailing Address

26 1050A EAST LAKE
 Suite, Apt. #, etc. WOODLANDS PKWY

3. Date Incorporated or Qualified
 03/22/1979

4. FEI Number 59-1954087
 Applied For Not Applicable

23 OLDSMAR FL
 City & State

28 OLDSMAR FL
 City & State

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

24 34677 25 Country
 Zip

29 34677 30 Country
 Zip

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

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 1050A EAST LAKE WOODLANDS PKWY
 84 City OLDSMAR FL 85 Zip Code 34677

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]*
 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	PD	<input type="checkbox"/> DELETE
NAME	MILLER, THOMAS C.	
STREET ADDRESS	90 TADS TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COGSWELL, EUGENE T.	
STREET ADDRESS	100 TRADS TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARACH, IRVIN	
STREET ADDRESS	130 EVELYN COURT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLEMAN, LYNN	
STREET ADDRESS	80 POOLE PLACE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, MARJORIE S.	
STREET ADDRESS	120 COLETTE CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, FREDERIC H.	
STREET ADDRESS	120 EVELYN COURT	
CITY-ST-ZIP	OLDSMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V D CANTRELL, RICK
5.3 STREET ADDRESS	170 POOLE PLACE
5.4 CITY-ST-ZIP	OLDSMAR FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D CANTRELL, BARBARA
6.3 STREET ADDRESS	170 POOLE PLACE
6.4 CITY-ST-ZIP	OLDSMAR FL

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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 727-789-1284
 Date Daytime Phone #

CR2E037 (1/98)