## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746391** 

Apr 20, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3684 TAMPA RD 4151 WOODLANDS PKWY SUITE 6 PALM HARBOR, FL 34685 US

OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

3684 TAMPA RD 4151 WOODLANDS PKWY SUITE 6 PALM HARBOR, FL 34685 US

OLDSMAR, FL 34677 US

FEI Number: 59-1954087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIANFRONE, JOSEPH R PA

1968 BAYSHORE BOULEVARD
DUNEDIN, FL 34698 US

REARDON, MAUREEN
4151 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAUREEN REARDON 04/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 BARTHOLEMY, JILL
 Name:
 BARTHOLEMY, JILL

 Address:
 100 TAOS TRAIL
 Address:
 100 TADS TRAIL

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 OLDSMAR, FL 34677

 Title:
 PD () Delete
 Title:
 VPD (X) Change () Addition

 Name:
 EGRE, FRED
 Name:
 STEVENS, MIKE

 Address:
 70 EVELYN CT.
 Address:
 110 COLETTE COURT

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete Title: PD (X) Change () Addition

 Name:
 POKLEMBA, ROBERT
 Name:
 POKLEMBA, ROBERT

 Address:
 10033 9TH STREET N, 2ND FLOOR
 Address:
 50 POOLE PLACE

 City-St-Zip:
 SAINT PETERSBURG, FL 33716
 City-St-Zip:
 OLDSMAR, FL 34677

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PHILLIPS, FRED
 Name:

 Address:
 40 TAOS TRAIL
 Address:

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 FLETCHER, MARY

 Address:
 Address:
 140 POOLE PLACE

 City-St-Zip:
 City-St-Zip:
 OLDSMAR, FL 34677

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 CLARKE, NORENE

 Address:
 Address:
 150 COLETTE COURT

 City-St-Zip:
 City-St-Zip:
 OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB POKLEMBA PD 04/20/2006