

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 12, 2008  
Secretary of State

DOCUMENT# 746391

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

**Current Principal Place of Business:**

4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

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

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: BARTHOLEMY, JILL  
Address: 100 TADS TRAIL  
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete  
Name: STEVENS, MIKE  
Address: 110 COLETTE COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: POKLEMB, ROBERT  
Address: 50 POOLE PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: PHILLIPS, FRED  
Address: 40 TAOS TRAIL  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: FLETCHER, MARY  
Address: 140 POOLE PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete  
Name: STEIN, PAUL  
Address: 160 TADS TRAIL  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: BARTHOLMEY, JILL  
Address: 100 TADS TRAIL  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CLARKE, NORENE  
Address: 150 COLETTE CT.  
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition  
Name: LIGUORI, ERIC  
Address: 270 TADS TRAIL  
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change ( ) Addition  
Name: FLETCHER, JACQUELINE  
Address: 150 POOLE PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MIKE STEVENS

Electronic Signature of Signing Officer or Director

PRES

03/12/2008

\_\_\_\_\_ Date