

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
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: TD () Delete
Name: BARTHOLMEY, 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: CLARKE, NORENE
Address: 150 COLETTE CT.
City-St-Zip: OLDSMAR, FL 34677

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: POKLEMBA, BOB
Address: 50 POOLE PLACE
City-St-Zip: OLDSMAR, FL 34677

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

Title: D (X) Change () Addition
Name: ROGERS, CINDY
Address: 230 TADS TRAIL
City-St-Zip: OLDSMAR, FL 34677

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

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: JILL BARTHOLMEY

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date