

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

55 MAY -1 PM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 747527 (0)**

1. Corporation Name

**EAST LAKE WOODLANDS CONDOMINIUM UNIT FOUR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O RESOURCE PROP. MGMT.  
1601 EAST BAY DRIVE, SUITE 4  
LARGO FL 34641  
US

C/O RESOURCE PROP. MGMT.  
1601 EAST BAY DRIVE, SUITE 4  
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/06/1979** 3a. Date of Last Report **02/01/1994**

4. FEI Number **59-1954080** Applied For  Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **316 Martha Lane**

26 **103 Cleveland Ave SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Oldsmar, FL**

27 City & State

28 **Largo, FL**

24 Zip **34677** Country **Pinellas**

25 **Pinellas**

29 Zip **34640** Country **Pinellas**

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RESOURCE PROPERTY MANAGEMENT  
1601 EAST BAY DRIVE, SUITE 4  
LARGO FL 34641**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**103 Cleveland Avenue SW**

83

84 City **Largo**

85 **FL**

Zip Code **34640**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>ELLIS, MARGARET</b>
STREET ADDRESS	<b>316 MARTHA LANE</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	<b>D</b>
NAME	<b>MURRAY, MIKE</b>
STREET ADDRESS	<b>104 MARTHA LANE</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	<b>STD</b>
NAME	<b>BAUMAN, MARJORIE</b>
STREET ADDRESS	<b>315 MARTHA LANE</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: Margaret A. Ellis Margaret Ellis / -15-95 813-784-9474

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

(Type/Phone #)