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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 747527

1. Corporation Name
EAST LAKE WOODLANDS CONDOMINIUM UNIT FOUR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
316 MARTHA LANE OLDSMAR FL 34677 US	905 E M. L. KING JR. DR #227 TARPON SPRINGS FL 34689 US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/06/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #265	4. FEI Number 59-1954080
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RESOURCE PROPERTY MANAGEMENT 103 SW CLEVELAND AVE LARGO FL 34640	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICK, GILBERT	1.2 NAME	
STREET ADDRESS	306 MARTHA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECO, JOE	2.2 NAME	
STREET ADDRESS	107 MARTHA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, WANDELL	3.2 NAME	
STREET ADDRESS	103 MARTHA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	SECY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN BUNDY	4.2 NAME	
STREET ADDRESS	114 MARTHA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL	4.4 CITY-ST-ZIP	
TITLE	DIR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION RUGE-ARONSON	5.2 NAME	
STREET ADDRESS	208 MARTHA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 1/15/99 727-938-0608

CR2E037 (1/198)