

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90070 032 ****61.25

DOCUMENT # 747527

1. Entity Name

EAST LAKE WOODLANDS CONDOMINIUM UNIT FOUR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

32708 US 19 NO
 PALM HARBOR FL 34684
 US

EAST LAKE WOODLANDS CONDOMINIUM IV
 32708 US 19 NO
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

3. Mailing Address

701 ENTERPRISE RD E

701 ENTERPRISE RD E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 302

STE 302

City & State

City & State

SAFETY HARBOR FL

SAFETY HARBOR FL

Zip

Country

Zip

Country

34695-5303

PINELLAS

34695-5303

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, MARJORIE J
 CALIBER CONDO MGT INC.
 32708 US 19 NO
 PALM HARBOR FL 34684

Name: ARLENE M BURNS
 Street Address (P.O. Box Number is Not Acceptable):
ARM BURNS ASSOCIATES INC
701 ENTERPRISE RD. E. STE 302
 City: SAFETY HARBOR FL Zip Code: 34695

8. 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

Arlene M Burns

1/22/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPT	<input type="checkbox"/> Delete
NAME	TRICK, GILBERT	
STREET ADDRESS	201 MARTHA LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIECKMAN, KAREN	
STREET ADDRESS	310 MARTHA LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROEDER, WANDELL	
STREET ADDRESS	103 MARTHA LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FARRELL, BILL	
STREET ADDRESS	101 MARTHA LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUUGE-ARONSON, MARION	
STREET ADDRESS	208 MARTHA LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wandell Schroeder

1/19/2002

727-784-9202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)