

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2006
Secretary of State**

DOCUMENT# 747527

Entity Name: EAST LAKE WOODLANDS CONDOMINIUM UNIT FOUR ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1954080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
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: PD () Delete
Name: ARONSON, MARION
Address: 208 MARTHA LANE
City-St-Zip: OLDSMAR, FL

Title: VPD () Delete
Name: LAZZELL, DAVID
Address: 204 MARTHA LANE
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: DOSTER, WAYNE
Address: 308 MARTHA LANE
City-St-Zip: OLSDMAR, FL

Title: D () Delete
Name: SINONIO, JUDY
Address: 205 MARTHA LN.
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ARONSON, MARION
Address: 208 MARTHA LANE
City-St-Zip: OLDSMAR, FL

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

Title: TD (X) Change () Addition
Name: DEUTSCH, LOUIS
Address: 308 MARTHA LANE
City-St-Zip: OLSDMAR, FL

Title: PD (X) Change () Addition
Name: HOWELL, MARILYN
Address: 110 MARTHA LN.
City-St-Zip: OLDSMAR, FL 34677

Title: D () Change (X) Addition
Name: KELLER, MARIA
Address: 101 MARTHA LN
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN HOWELL

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date