

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751922** (6)

1. Corporation Name

**EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM
UNIT TWO ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1801 PEPPERTREE DR
OLDSMAR FL 34677
US

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OLDSMAR FL 34677
US

3. Date Incorporated or Qualified **04/08/1980** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1988536** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3490 EAST LAKE ROAD**

25 **P.O. BOX 1448**

22 **SUITE C**

27 Suite, Apt. #, etc.

23 **PALM HARBOR FL**

28 **PALM HARBOR FL**

24 **34685** 25 **US**

29 **34682-1448** 30 **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, MARJORIE J
1801 PEPPERTREE DR
OLDSMAR FL 34677**

81 Name **SCANNAVINO, DOMINICK**
82 Street Address (P.O. Box Number is Not Acceptable) **3490 EAST LAKE ROAD, SUITE C**
83
84 City **PALM HARBOR** FL 85 Zip Code **34685**

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 *Dominnick Scannavino*

DATE **4-18-95**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **NIEDERHAUSER, GEORGE**
STREET ADDRESS **118 E. CYPRESS CT**
CITY-ST-ZIP **OLDSMAR FL**

11 TITLE **DST** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD**
NAME **SPEIER, JOHN**
STREET ADDRESS **60 GREENHAVEN TR**
CITY-ST-ZIP **OLDSMAR FL**

21 TITLE **D** Change Addition
22 NAME **MOORE, JIMMY**
23 STREET ADDRESS **101 E. CYPRESS CT.**
24 CITY-ST-ZIP **OLDSMAR FL**

TITLE **DST**
NAME **BERNARD, MARY**
STREET ADDRESS **135 W. CYPRESS CT**
CITY-ST-ZIP **OLDSMAR FL**

31 TITLE **DP** Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D**
NAME **WALES, DONALD**
STREET ADDRESS **291 CYPRESS LANE**
CITY-ST-ZIP **OLDSMAR FL**

41 TITLE **DVP** Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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: *Mary Bernard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY BERNARD

DATE **4-12-95** (P13) 787-0006
Daytime Phone #