

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **751922** (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**3490 EAST LAKE RD
SUITE C
PALM HARBOR FL 34685
US**

**P O BOX 1448
PALM HARBOR FL 34682-1448
US**

3. Date Incorporated or Qualified

04/08/1980

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1988536

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**

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

**SCANNAVINO, DOMINICK
3490 EAST LAKE RD SUITE C
PALM HARBOR FL 34685**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DST	<input type="checkbox"/> DELETE
NAME	NIEDERHAUSER, GEORGE	
STREET ADDRESS	118 E. CYPRESS CT	
CITY- ST- ZIP	OLDSMAR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPEIER, JOHN	
STREET ADDRESS	80 GREENHAVEN TR	
CITY- ST- ZIP	OLDSMAR FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BERNARD, MARY	
STREET ADDRESS	135 W. CYPRESS CT	
CITY- ST- ZIP	OLDSMAR FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WALES, DONALD	
STREET ADDRESS	291 CYPRESS LANE	
CITY- ST- ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JIMMY	
STREET ADDRESS	101 E CYPRESS CT	
CITY- ST- ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> DELETE
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 checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	D Gilbert Myers
5.3 STREET ADDRESS	127 W. Cypress Ct.
5.4 CITY- ST- ZIP	Oldsmar, FL 34677
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 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 M Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

Date

Daytime Phone #

CP2E037 (12/95)