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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3490 EAST LAKE RD  
SUITE C  
PALM HARBOR FL 34685  
US

Mailing Address

P O BOX 1448  
PALM HARBOR FL 34682-1448  
US3. Date Incorporated or Qualified  
04/08/19903a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21c/o CALIBER CONDO MGT INC

2a. Mailing Address

26c/o CALIBER CONDO MGT INC

Suite, Apt #, etc.

Suite, Apt #, etc.

22 1801 PEPPERTREE DR.

27 1801 PEPPERTREE DR.

City &amp; State

City &amp; State

23 OLDSMAR FL

28 OLDSMAR FL

Zip

Country

Zip

Country

24 34677

25 PINELLAS

29 34677

30 PINELLAS

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name BROWN, MARJORIE J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
CALIBER CONDOMINIUM MANAGEMENT INC.  
83 1801 PEPPERTREE DR.  
84 City OLDSMAR FL 85 Zip Code 34677

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 MARJORIE J. BROWN

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/97

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	NIEDERHAUSER, GEORGE	
STREET ADDRESS	118 E. CYPRESS CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DP	<input checked="" 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 type="checkbox"/> DELETE
NAME	MYERS, GILBERT	
STREET ADDRESS	127 WEST CYPRESS COURT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NIEDERHAUSER, GEORGE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALES, DONALD	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MYERS, GILBERT	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CREMMINS, BERNADETTE	
5.3 STREET ADDRESS	122 W. CYPRESS CT.	
5.4 CITY-ST-ZIP	OLDSMAR FL	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MOORE, J. D.	
6.3 STREET ADDRESS	101 E. CYPRESS CT.	
6.4 CITY-ST-ZIP	OLDSMAR FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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.

SIGNATURE: DONALD E. WALES, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066591

4/23/97

CR2E037 (9/96)