

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751922** (6)

1. Corporation Name

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



Principal Place of Business <b>C/O CALIBER CONDO MGT INC. 1801 PEPPERTREE DR. OLDSMAR FL 34677 US</b>		Mailing Address <b>C/O CALIBER CONDO MGT INC. 1801 PEPPERTREE DR. OLDSMAR FL 34677 US</b>		3. Date Incorporated or Qualified <b>04/08/1980</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-1988536</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>29</b>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BROWN, MAJORIE J. CALIBER CONDOMINIUM MGMT. INC. 1801 PEPPERTREE DR. OLDSMAR FL 34677</b>				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			1.1 TITLE			
NAME	NEIDERHAUSER, GEORGE			1.2 NAME			
STREET ADDRESS	118 E. CYPRESS CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			1.4 CITY-ST-ZIP			
TITLE	SD			2.1 TITLE			
NAME	CREMMINS, BERNADETTE			2.2 NAME			
STREET ADDRESS	122 W. CYPRESS CT.			2.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			2.4 CITY-ST-ZIP			
TITLE	PD			3.1 TITLE			
NAME	WALES, DONALD			3.2 NAME			
STREET ADDRESS	291 CYPRESS LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			3.4 CITY-ST-ZIP			
TITLE	TD			4.1 TITLE			
NAME	MYERS, GILBERT			4.2 NAME			
STREET ADDRESS	127 WEST CYPRESS COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			4.4 CITY-ST-ZIP			
TITLE	VD			5.1 TITLE			
NAME	MOORE, J.D.			5.2 NAME			
STREET ADDRESS	101 E. CYPRESS CT.			5.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 DONALD E. WALES, PRES. 3/30/98 813-854-3177

CR2E037 (10/97)