


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90094 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 751922					
1. Corporation Name EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM UNIT TWO ASSOCIATION, INC.					
Principal Place of Business C/O CALIBER CONDO MGT INC. 1801 PEPPERTREE DR. OLDSMAR FL 34677 US			Mailing Address C/O CALIBER CONDO MGT INC. 1801 PEPPERTREE DR. OLDSMAR FL 34677 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1988536	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, MAJORIE J. CALIBER CONDOMINIUM MGMT. INC. 1801 PEPPERTREE DR. OLDSMAR FL 34677				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEIDERHAUSER, GEORGE			1.2 NAME	CAUDILL, FRED		
STREET ADDRESS	118 E. CYPRESS CT			1.3 STREET ADDRESS	130 E. CYPRESS CT		
CITY-ST-ZIP	OLDSMAR FL			1.4 CITY-ST-ZIP	OLDSMAR FL		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, GILBERT			4.2 NAME	WEIGAND, WALTER		
STREET ADDRESS	127 WEST CYPRESS COURT			4.3 STREET ADDRESS	119 W. CYPRESS CT		
CITY-ST-ZIP	OLDSMAR FL			4.4 CITY-ST-ZIP	OLDSMAR FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, J.D.			5.2 NAME	LEVEROCK, CHARLOTTE		
STREET ADDRESS	101 E. CYPRESS CT.			5.3 STREET ADDRESS	111 W. CYPRESS CT		
CITY-ST-ZIP	OLDSMAR FL			5.4 CITY-ST-ZIP	OLDSMAR FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	PIZZANO, BEVERLY		
STREET ADDRESS				6.3 STREET ADDRESS	124 E. CYPRESS CT		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	OLDSMAR FL		

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

0071855

CR2E037- (11/98)