

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 08:00 AM****Secretary of State****DOCUMENT # 751922****1. Entity Name****EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM UNIT T
WO ASSOCIATION, INC.****Principal Place of Business****Mailing Address**C/O CALIBER CONDO MGT INC.
32708 US 19 N
PALM HARBOR
34684
USC/O CALIBER CONDO MGT INC.
32708 US 19 N
PALM HARBOR
34684
US**2. Principal Place of Business**

C/O PROGRESSIVE MANAGEMENT, INC.

3. Mailing Address

C/O PROGRESSIVE MANAGEMENT, INC.

Suite, Apt. #, etc.

2753 STATE ROAD 580, SUITE 207

Suite, Apt. #, etc.

2753 STATE ROAD 580, SUITE 207

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33761

Country

US

Zip

33761

Country

US

4. FEI Number**59-1988536****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBROWN MARJORIE J
CALIBER CONDOMINIUM MGMT. INC.
32708 US 19 N
PALM HARBOR
34684
US

FL

7. Name and Address of New Registered Agent**Name**

REARDON MAUREEN C

Street Address (P.O. Box Number is Not Acceptable)
PROGRESSIVE MANAGEMENT, INC.

2753 STATE ROAD 580, SUITE 207

City

CLEARWATER

FL**Zip Code**
33761**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.****SIGNATURE MAUREEN C. REARDON****02/14/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVEROCK JAMES	
STREET ADDRESS	111 W CYPRESS CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVEROCK CHARLOTTE	
STREET ADDRESS	111 W CYPRESS CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEIGAND WALTER	
STREET ADDRESS	119 W CYPRESS CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN SCHAİK JOHN	
STREET ADDRESS	279 CYPRESS LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURCH RALPH	
STREET ADDRESS	120 W CYPRESS CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURCH CHARLENE	
STREET ADDRESS	120 W CYPRESS CT	
CITY-ST-ZIP	OLDSMAR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANSCHAİK PATRICIA	
STREET ADDRESS	120 CYPRESS LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEROCK CHARLOTTE	
STREET ADDRESS	111 W CYPRESS COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGAND WALTER	
STREET ADDRESS	119 W CYPRESS COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEROCK JAMES	
STREET ADDRESS	111 W CYPRESS COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARTH JUDY	
STREET ADDRESS	295 CYPRESS LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARTH TOM	
STREET ADDRESS	295 CYPRESS LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: WALTER WEIGAND****PD****02/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

D VANSCHAIK, JOHN
120 CYPRESS LANE

OLDSMAR FL 34677

D TINDALL, GLORIA
285 CYPRESS LANE

OLDSMAR FL 34677