

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751922

FILED
Mar 22, 2005
Secretary of State

Entity Name: EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM UNIT TWO ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1988536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VANSHAIK, JOHN
Address: 279 CYPRESS LANE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: ROSETTI, LORNA
Address: 296 CYPRESS LANE
City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete
Name: LEVEROCK, JAMES
Address: 111 W CYPRESS COURT
City-St-Zip: OLDSMAR, FL 34677

Title: PD () Delete
Name: WEIGAND, WALTER
Address: 119 W CYPRESS COURT
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: LEVEROCK, CHARLOTTE
Address: 111 W CYPRESS COURT
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: VANSCHAIK, PATRICIA
Address: 120 CYPRESS LANE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER WEIGAND

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date