

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751922

**FILED**  
**Feb 12, 2010**  
**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: P  
Name: WEIGAND, WALTER  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP  
Name: LEVEROCK, JAMES  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: S  
Name: MOORE, J.D.  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: TREA  
Name: WILLIAMS, ANN  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D  
Name: SMITH, MARLENE  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

I hereby 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 all other like empowered.

SIGNATURE: WALTER WEIGAND

PRES

02/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date