

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751923

(4)

1. Corporation Name

EAST LAKE WOODLANDS CONDOMINIUM UNIT FIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1801 PEPPERTREE DRIVE  
OLDSMAR FL 34677  
US

1801 PEPPERTREE DRIVE  
OLDSMAR FL 34677  
US



3. Date Incorporated or Qualified  
04/08/1980

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, MARJORIE J.  
% CALIBER CONDO MGT. INC.  
1801 PEPPERTREE DRIVE  
OLDSMAR FL 34677

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☒ Addition

TITLE SD  
NAME HARDWICK, ROGER  
STREET ADDRESS 108 LAKEVIEW CT  
CITY-ST-ZIP OLDSMAR, FL 00000

1.1 TITLE PD  
1.2 NAME BRADSHAW, LESTER M.  
1.3 STREET ADDRESS 165 LAKEVIEW WAY  
1.4 CITY-ST-ZIP OLDSMAR FL 34677

☐ DELETE

☐ Change ☒ Addition

TITLE ~~SD~~  
NAME PUCHALSKI, DON  
STREET ADDRESS 157 LAKEVIEW WAY  
CITY-ST-ZIP OLDSMAR, FL 00000

2.1 TITLE VD  
2.2 NAME WHELDEN, JAMES  
2.3 STREET ADDRESS 163 LAKEVIEW WAY  
2.4 CITY-ST-ZIP OLDSMAR FL 34677

☒ DELETE

☐ Change ☒ Addition

TITLE DT  
NAME TAYLOR, A.W. JR.  
STREET ADDRESS 102 LAKEVIEW PLACE  
CITY-ST-ZIP OLDSMAR FL

3.1 TITLE D  
3.2 NAME HANDFIELD, RAY  
3.3 STREET ADDRESS 115 LAKEVIEW WAY  
3.4 CITY-ST-ZIP OLDSMAR FL 34677

☐ DELETE

☐ Change ☒ Addition

TITLE D  
NAME WAGNER, RICHARD  
STREET ADDRESS 161 LAKEVIEW WAY  
CITY-ST-ZIP OLDSMAR FL

4.1 TITLE D  
4.2 NAME DILIETO, GEORGE  
4.3 STREET ADDRESS 172 LAKEVIEW WAY  
4.4 CITY-ST-ZIP OLDSMAR FL 34677

☐ DELETE

☐ Change ☐ Addition

TITLE D  
NAME LANDRY, RONALD J  
STREET ADDRESS 175 LAKEVIEW WAY  
CITY-ST-ZIP OLDSMAR FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ DELETE

☐ Change ☐ Addition

TITLE D  
NAME MIRABILIO, ALICE  
STREET ADDRESS 153 LAKEVIEW WAY  
CITY-ST-ZIP OLDSMAR FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LESTER M. BRADSHAW SR.

4/8/94

Date

(813) 854-3177

Daytime Phone #

CR2E037 (12/95)