

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755696 (2)

1. Corporation Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT FIVE, INC.



Principal Place of Business

Mailing Address

**3490 E LAKE ROAD
STE C
PALM HARBOR FL 34685
US**

**3490 EAST LAKE RD..
P. O. BOX 1448
PALM HARBOR FL 34682-1448
US**

3. Date Incorporated or Qualified
12/29/1980

3a. Date of Last Report
05/01/1995

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

**SCANNAVINO, DOMINICK
% MANAGEMENT AND ASSOCIATES
3490 EAST LAKE RD., SUITE C
PALM HARBOR FL 34685**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

1.1 TITLE

TD

☐ Change ☒ Addition

NAME **RADEMACHER, DALE**

1.2 NAME

Charles Woods

STREET ADDRESS **100 LANCE COURT**

1.3 STREET ADDRESS

100 Balsam Drive

CITY-ST-ZIP **OLDSMAR FL**

1.4 CITY-ST-ZIP

Oldsmar FL 34677

TITLE **SD** ☐ DELETE

2.1 TITLE

D

☐ Change ☒ Addition

NAME **CHRISTENSEN, TERRI**

2.2 NAME

Joanne Benner

STREET ADDRESS **210 ASHLEY**

2.3 STREET ADDRESS

80 Ashley Ln.

CITY-ST-ZIP **OLDSMAR FL**

2.4 CITY-ST-ZIP

Oldsmar FL 34677

TITLE **VD** ☐ DELETE

3.1 TITLE

D

☐ Change ☒ Addition

NAME **EDWARDS, JIM**

3.2 NAME

Art Noderer

STREET ADDRESS **60 ASHLEY LANE**

3.3 STREET ADDRESS

140 Balsam Dr.

CITY-ST-ZIP **OLDSMAR FL**

3.4 CITY-ST-ZIP

Oldsmar FL 34677

TITLE **PD** ☐ DELETE

4.1 TITLE

D

☐ Change ☒ Addition

NAME **SEGESMAN, FRED**

4.2 NAME

William Cahoon

STREET ADDRESS **10 IRIS PLACE**

4.3 STREET ADDRESS

130 Balsam Drive

CITY-ST-ZIP **OLDSMAR, FL 00000**

4.4 CITY-ST-ZIP

Oldsmar FL 34677

TITLE **D** ☐ DELETE

5.1 TITLE

D

☐ Change ☒ Addition

NAME **PETERSON, ALMER**

5.2 NAME

William Farrell

STREET ADDRESS **20 BALSAM DR.**

5.3 STREET ADDRESS

80 Lance Ct.

CITY-ST-ZIP **OLDSMAR FL**

5.4 CITY-ST-ZIP

Oldsmar FL 34677

TITLE **D** ☒ DELETE

6.1 TITLE

D

☐ Change ☐ Addition

NAME **KELLY, RON**

6.2 NAME

D

STREET ADDRESS **40 BALSAM DRIVE**

6.3 STREET ADDRESS

D

CITY-ST-ZIP **OLDSMAR FL**

6.4 CITY-ST-ZIP

D

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 SIGNED OFFICER OR DIRECTOR

4/23/96

813-784-0329

Date

Daytime Phone #

CR2E037 (12/95)