

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: **3490 E LAKE ROAD STE C PALM HARBOR FL 34685 US**
Mailing Address: **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**
4. FEI Number: **59-2050260**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (23)
Country (25)
Zip (24)

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

9. Name and Address of Current Registered Agent
**SCANNAVINO, DOMINICK
% MANAGEMENT AND ASSOCIATES
3490 EAST LAKE RD., SUITE C
PALM HARBOR FL 34685**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, RON	6.2 NAME	
STREET ADDRESS	40 BALSAM DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	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: _____ **4/23/96** **813-784-0329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)