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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

755696

(2)

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS SOCIATION UNIT FIVE, INC.

SOCIATION UNIT FIVE, INC.					
Principal Place of Business		Mailing Address		A CORNEL DESIGNATION OF STATE AND STATE OF STATE	Till grapt brûtt Biûtt Afûlt ûsûst atûst skat
3490 E LAKE ROAD STE C PALM HARBOR FL 34685		3490 EAST LAKE RD P. O. BOX 1448 PALM HARBOR FL 34682-14	448		
US STORY		US	:	3. Date Incorporated or Qualified 12/29/1980	3a. Date of Last Report 04/29/1996
2. Principal Place of Business 22 21 26		2a. Mailing Address 26		4. FEI Number 59-2050260	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z _I p	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes X No
531	9. Name and Address of Curre	. 11		10. Name and Address of New Rec	
			81 Name		
SCANN/	AVINO, DÖMINICK		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)
% MANAGEMENT AND ASSOCIATES					~,
3490 EAST LAKE RD., SUITE C			83	·	•
PALM H	IARBOR FL 34685		84 City	- 1444-14	85 Zip Code
	Sections 617.06	100 - and 047 4500 Florida Ctobate	- the should parred and	the authorite this statement for the sa	FL 29 2-5 Code
office or re agent. I ar	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was augations of, Section 617.0503, Flor	uthorized by the corpora rida Statutes.	rporation submits this statement for the pa ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE _		0.017	: Registered Agent signature regu		DATE
12.	Signature, typed or printed name of registered ac OFFICERS AN	gent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	TD	DELETE	1.1 TITLE		Change Addition
NAME	WOODS, CHARLES		1.2 NAME		,
STREET ADDRESS	100 BLASAM DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, TERRI		2.2 NAME		-
STREET ADDRESS	210 ASHLEY		2.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	EDWARDS, JIM		3.2 NAME		
STREET ADDRESS	60 ASHLEY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	☐ DELETE	3.4. CHY-ST-ZIP		☐ Change ☐ Addition
TITLE	PD SEGESMAN, FRED	pecur	4.1 TITLE		CT change CT connec
NAME STREET ADDRESS	10 IRIS PLACE		4. 2 NAME 4.3 STREET ADDRESS		
	OLDSMAR, FL 00000		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	PETERSON, ALMER		5.2 NAME		
STREET ADDRESS	20 BALSAM DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY-ST-ZIP		<u> </u>
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	FARRELL, WILLIAM		6.2 NAME		
STREET ADDRESS	80 LANCE COURT		6.3 STREET ADORESS		
CITY - ST - ZIP	OLDSMAR FL		6.4 CITY-ST-ZIP		
14. I do heret informatio I am an o appears i	by certify that the information suppli on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed	ed with this filing does not qualify supplemental annual report is tr or the receiver or trustee empower on an attachment with an add	/ for the exemption state ue and accurate and the ered to execute this repr less.	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal on as required by Chapter 617, Florida S	I further certify that the I effect as if made under cath; that tatyles: and that my name