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**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/29/1980	
4. FEI Number 59-2050260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	TD	
NAME	WOODS, CHARLES	
STREET ADDRESS	100 BLASAM DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	
NAME	CHRISTENSEN, TERRI	
STREET ADDRESS	210 ASHLEY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	
NAME	EDWARDS, JIM	
STREET ADDRESS	60 ASHLEY LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PD	
NAME	SEGESMAN, FRED	
STREET ADDRESS	10 IRIS PLACE	
CITY-ST-ZIP	OLDSMAR, FL 00000	
TITLE	D	
NAME	PETERSON, ALMER	
STREET ADDRESS	20 BALSAM DR.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	
NAME	FARRELL, WILLIAM	
STREET ADDRESS	80 LANCE COURT	
CITY-ST-ZIP	OLDSMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* 2-17-98 (312) 789-1284

CR2E037 (10/97)