

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90204 005 ****61.25

DOCUMENT # 755696

1. Corporation Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS
SOCIATION 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

495942 - 90204 - 5



2. Principal Place of Business

21 1050 A ELW PKWY

Suite, Apt. #, etc.

22 City & State
23 OLDSMAR, FL

24 Zip Country

34677 25

2a. Mailing Address

26 1050 A ELW PKWY

Suite, Apt. #, etc.

27 City & State
28 OLDSMAR, FL

29 Zip Country

34677 30

3. Date Incorporated or Qualified

12/29/1980

4. FEI Number

59-2050260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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)

1050 A ELW PKWY

83 City

OLDSMAR

FL

85 Zip Code

34677

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

TITLE TD ☐ DELETE
NAME WOODS, CHARLES
STREET ADDRESS 100 BLASAM DRIVE
CITY-ST-ZIP OLDSMAR FL

TITLE SD ☐ DELETE
NAME CHRISTENSEN, TERRI
STREET ADDRESS 210 ASHLEY
CITY-ST-ZIP OLDSMAR FL

TITLE VD ☐ DELETE
NAME EDWARDS, JIM
STREET ADDRESS 60 ASHLEY LANE
CITY-ST-ZIP OLDSMAR FL

TITLE PD ☐ DELETE
NAME SEGESMAN, FRED
STREET ADDRESS 10 IRIS PLACE
CITY-ST-ZIP OLDSMAR, FL 00000

TITLE D ☒ DELETE
NAME PETERSON, ALMER
STREET ADDRESS 20 BALSAM DR.
CITY-ST-ZIP OLDSMAR FL

TITLE D ☒ DELETE
NAME FARRELL, WILLIAM
STREET ADDRESS 80 LANCE COURT
CITY-ST-ZIP OLDSMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME BENNER, JOANNE
1.3 STREET ADDRESS 80 ASHLEY LANE
1.4 CITY-ST-ZIP OLDSMAR, FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CAHOON, WILLIAM
2.3 STREET ADDRESS 130 BALSAM DR.
2.4 CITY-ST-ZIP OLDSMAR, FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME SZEWICZYK, LYDIA
3.3 STREET ADDRESS 20 IRIS PL.
3.4 CITY-ST-ZIP OLDSMAR, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 789-1284

CR2E037 (11/98)