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

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

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

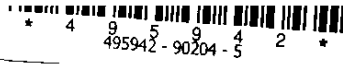


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 755696**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **1050 A ELW PKWY**

26 **1050 A ELW PKWY**

**12/29/1980**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 **OLDSMAR, FL**

27 **OLDSMAR, FL**

**59-2050260**

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

**34677**

**34677**

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)

**1050 A ELW PKWY**

83

84 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

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

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 Required**

Date

Daytime Phone #

**(727) 789-1284**

CR2E037 (11/98)