

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90053 027 \*\*\*\*61.25

**DOCUMENT # 755696**

1. Entity Name

**EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT  
ASSOCIATION UNIT FIVE, INC.**



Principal Place of Business

Mailing Address

**3974 TAMPA RD.  
STE. C  
OLDSMAR FL 34677  
US**

**3974 TAMPA RD.  
STE. C  
OLDSMAR FL 34677  
US**

2. Principal Place of Business

3. Mailing Address

**3684 TAMPA RD  
SUITE 6**

**3684 TAMPA RD  
SUITE 6**

City & State

City & State

**OLDSMAR FL**

**OLDSMAR FL**

Zip  
**34677**

Country  
**US**

Zip  
**34677**

Country  
**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALBRAITH, CHARLA J  
3974 TAMPA RD.  
STE. C  
OLDSMAR FL 34677**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

**3684 TAMPA RD**

**SUITE 6**

City

**SAME**

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **SZEWZYKE, LYDIA**  
STREET ADDRESS **20 JRS PL**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DV** ☐ Delete  
NAME **CHRISTENSEN, TERRI**  
STREET ADDRESS **210 ASHLEY**  
CITY-ST-ZIP **OLDSMAR FL**

TITLE **DP** ☐ Delete  
NAME **EDWARDS, JIM**  
STREET ADDRESS **60 ASHLEY LANE**  
CITY-ST-ZIP **OLDSMAR FL**

TITLE **T** ☒ Delete  
NAME **PAUL, FRANK**  
STREET ADDRESS **70 ASHLEY LANE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete  
NAME **BENNER, JOANNE**  
STREET ADDRESS **80 ASHLEY LANE**  
CITY-ST-ZIP **OLDSMAR FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SZEWZYKE, CHARLA J** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JAMES EDWARDS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES EDWARDS**

Date

**1/25/05**

Daytime Phone #

**248 4598718**