

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90230 027 ****61.25

DOCUMENT # 755696

1. Entity Name

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



Principal Place of Business

**1050 A ELW PKWY
OLDSMAR FL 34677
US**

Mailing Address

**1050 A ELW PKWY
OLDSMAR FL 34677
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2050260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK
1050 A ELW PKWAY
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

City

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

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	ATD	<input checked="" type="checkbox"/> Delete
NAME	WOODS, CHARLES	
STREET ADDRESS	100 BLASAM DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, TERRI	
STREET ADDRESS	210 ASHLEY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARDS, JIM	
STREET ADDRESS	60 ASHLEY LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEISSNER, PHILIP	
STREET ADDRESS	170 BALSAM DR.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAUL, FRANK	
STREET ADDRESS	70 ASHLEY LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNER, JOANNE	
STREET ADDRESS	80 ASHLEY LANE	
CITY-ST-ZIP	OLDSMAR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZEWCZYK, LYDIA	
STREET ADDRESS	20 IRIS PLACE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVIAULT, LARRY	
STREET ADDRESS	160 BALSAM DR.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul G. Benner

2/10/03

727-785-8580

CR2E037 (10/02)