

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768662 (9)

1. Corporation Name

EAST LAKE WOODLANDS WOODLAKE RUN CONDOMINIUM UNIT ONE ASSOCIATION, INC.



Principal Place of Business 552 MAIN ST. SAFETY HARBOR FL 34695	Mailing Address 552 MAIN ST. SAFETY HARBOR FL 34695
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3. Date Incorporated or Qualified 05/26/1983	3a. Date of Last Report 02/09/1995
4. FEI Number 59-2304085	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

**MEZER, STEVEN H P.A.
1212 COURT STREET
STE B
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME GRALA, JANE	
STREET ADDRESS 240 WOODLAKE WYNDE	
CITY - ST - ZIP OLDSMAR FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME ZIPTER, BRUCE	
STREET ADDRESS 208 WOODLAKE WYNDE	
CITY - ST - ZIP OLDSMAR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PALMER, RICK	
STREET ADDRESS 284 WOODLAKE WYNDE	
CITY - ST - ZIP OLDSMAR FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HARTUNG, EDWARD	
STREET ADDRESS 129 WOODLAKE WYNDE	
CITY - ST - ZIP OLDSMAR FL	
TITLE D	<input type="checkbox"/> DELETE
NAME TRANTOR, CAROLYN	
STREET ADDRESS 254 WOODLAKE WYNDE	
CITY - ST - ZIP OLDSMAR FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME VP, D	
3.3 STREET ADDRESS PACKER, JANNA	
3.4 CITY - ST - ZIP 105 WOODLAKE WYNDE	
	OLDSMAR, FLA 34677
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bruce Zipter Date: 1/18/96 Telephone: 785-9368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)