

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90016 041 ****61.25

DOCUMENT # 768662

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



2. Principal Place of Business 21 2180 W SR 434 Suite, Apt. #, etc. 22 STE 5000 City & State 23 LONGWOOD FL Zip 24 32779	2a. Mailing Address 26 2180 W SR 434 Suite, Apt. #, etc. 27 STE 5000 City & State 28 LONGWOOD FL Zip 29 32779	3. Date Incorporated or Qualified 05/26/1983	4. FEI Number 59-2304085	Applied For Not Applicable
Country 25 US	Country 30 US	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	

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 HART, JAMES W JR	82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC.	83 2180 W SR 434 STE 5000	84 City LONGWOOD	85 7in Code FL 32779
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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 provisions 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 remaining)

DATE

3/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GRALA, JANE 240 WOODLAKE WYNDE OLDSMAR FL	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	ZIFTER, BRUCE 288 WOODLAKE WYNDE OLDSMAR FL	2.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD	PACKER, JANNA 105 WOODLAKE WYNDE OLDSMAR FL	2.2 NAME WILLIAM ROBE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	HARTUNG, EDWARD 129 WOODLAKE WYNDE OLDSMAR FL	2.3 STREET ADDRESS 201 WOODLAKE WYNDE OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	TRANTOR, CAROLYN 254 WOODLAKE WYNE OLDSMAR FL	2.4 CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	FREKO, DON 101 WOODLAKE LANE OLDSMAR FL	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME FRANK POLAZZOTTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.3 STREET ADDRESS 273 WOODLAKE WYNDE OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.4 CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME 101 WOODLAKE WYNDE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
FRANK POLZOTTO

3/3/99

Date

Daytime Phone #

0072643

CR2E037 (1/98)