

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 # **769748** (5)
1. Corporation Name
EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
**C/O MANAGEMENT AND ASSOCIATES
P O BOX 1448
PALM HARBOR FL 34682-1448**

3. Date Incorporated or Qualified **08/05/1983** 3a. Date of Last Report **03/27/1995**
4. FEI Number **59-2356583** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SCANNAVINO, DOMINICK
3490 E LAKE RD STE C
PALM HARBOR FL 34685**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSKY, ALLAN B.	1.2 NAME	Donald Graham
STREET ADDRESS	300 E LK WOODLANDS PKWY	1.3 STREET ADDRESS	40 Windrush Ct.
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, CHARLES W.	2.2 NAME	John Aubrey
STREET ADDRESS	300 E LK WOODLANDS PKWY	2.3 STREET ADDRESS	5028 Kilkenney Way
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYMAN, BONNIE	3.2 NAME	Virginia Williams
STREET ADDRESS	3732 N.W. 16TH ST.	3.3 STREET ADDRESS	350 Cypress Creek Circle
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYMAN, LESLIE	4.2 NAME	Don Faehner
STREET ADDRESS	3732 N.W. 16TH ST.	4.3 STREET ADDRESS	400 Cypress Creek Circle
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYDEN, ROBERT	5.2 NAME	Ed McCallum
STREET ADDRESS	3732 N.W. 16TH ST.	5.3 STREET ADDRESS	700 Hickorynut
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	5.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP, DOUGLAS	6.2 NAME	Conrad Wieler
STREET ADDRESS	530 HICKORY NUT AVE	6.3 STREET ADDRESS	220 Nina Way
CITY-ST-ZIP	OLDSMAR FL	6.4 CITY-ST-ZIP	Oldsmar FL 34677

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: *D.H. Philipp* **D.H. Philipp, Pres.** 02/14/96 813-785-2376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)