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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34682-1448C/O MANAGEMENT AND ASSOCIATES  
P O BOX 1448  
PALM HARBOR FL 34682-14483. Date Incorporated or Qualified  
08/05/19833a. Date of Last Report  
04/26/1996

4. FEI Number

59-2356583

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK  
3490 E LAKE RD STE C  
PALM HARBOR FL 34685

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☒ DELETE  
NAME GRAHAM, DONALD  
STREET ADDRESS 40 WINDRUSH CT.  
CITY-ST-ZIP OLDSMAR FL 346771.1 TITLE DVP ☐ Change ☒ Addition  
1.2 NAME DOUGLAS PHILIPP  
1.3 STREET ADDRESS 530 HICKORYNUT AVE.  
1.4 CITY-ST-ZIP OLDSMAR FL 34677TITLE DT ☐ DELETE  
NAME AUBREY, JOHN  
STREET ADDRESS 5028 KILKENNEY WAY  
CITY-ST-ZIP OLDSMAR FL 346772.1 TITLE DP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DS ☒ DELETE  
NAME WILLIAMS, VIRGINIA  
STREET ADDRESS 350 CYPRESS CREEK CIR.  
CITY-ST-ZIP OLDSMAR FL 346773.1 TITLE DT ☐ Change ☒ Addition  
3.2 NAME LARRY BOGIE  
3.3 STREET ADDRESS 5189 HUNTER'S DR.  
3.4 CITY-ST-ZIP OLDSMAR FL 34677TITLE D ☐ DELETE  
NAME FAEHNER, DON  
STREET ADDRESS 400 CYPRESS CREEK CIR  
CITY-ST-ZIP OLDSMAR FL 346774.1 TITLE DS ☐ Change ☒ Addition  
4.2 NAME GERALD WIERNIK  
4.3 STREET ADDRESS 80 BALSAM DR.  
4.4 CITY-ST-ZIP OLDSMAR FL 34677TITLE D ☐ DELETE  
NAME MCCALLUM, ED  
STREET ADDRESS 700 HICKORYNUT  
CITY-ST-ZIP OLDSMAR FL 346775.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME JUDY GAURON  
5.3 STREET ADDRESS 885 LUCAS LANE  
5.4 CITY-ST-ZIP OLDSMAR FL 34677TITLE D ☐ DELETE  
NAME WIELER, CANRAD  
STREET ADDRESS 220 NINA WAY  
CITY-ST-ZIP OLDSMAR FL 346776.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME AUSTIN LLEWELLYN  
6.3 STREET ADDRESS 25 TURTLE CREEK CIRCLE  
6.4 CITY-ST-ZIP OLDSMAR FL 34677

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088603

CR2E037 (9/96)