

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769748 (5)
1. Corporation Name
EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.



Principal Place of Business C/O MANAGEMENT AND ASSOCIATES P O BOX 1448 PALM HARBOR FL 34682-1448	Mailing Address C/O MANAGEMENT AND ASSOCIATES P O BOX 1448 PALM HARBOR FL 34682-1448
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3. Date incorporated or Qualified 08/05/1983	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2356583		

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 12	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILIPP, DOUGLAS		1.2 NAME	
STREET ADDRESS 530 HICKORYNUT AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR FL		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUBREY, JOHN		2.2 NAME	
STREET ADDRESS 5028 KILKENNEY WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR FL		2.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOGIE, LARRY		3.2 NAME	
STREET ADDRESS 5189 HUNTER'S DR		3.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR FL		3.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIERNK, GERALD		4.2 NAME	
STREET ADDRESS 80 BALSAM DR		4.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAURON, JUDY		5.2 NAME	
STREET ADDRESS 885 LUCAS LN		5.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LLEWELLYN, AUSTIN		6.2 NAME	
STREET ADDRESS 25 TURTLE CREEK CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR FL		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 3/26/98

CR2E037 (1097)