


FILE NOW: FILING FEE IS \$61.25

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90022 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769748

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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2. Principal Place of Business 21 1050A ELW PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/05/1983
22 City & State 23 OLDSMAR, FL Zip 24 34677 Country	27 City & State 28 Zip Country 29 30	4. FEI Number 59-2356583 Applied For Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

SCANNAVINO, DOMINICK 3490 E LAKE RD STE C PALM HARBOR FL 34685	81 Name 82 Street Address (P.O. Box Numbers Not Acceptable) 1050A ELW PKWY 83 84 City OLDSMAR FL 85 Zip Code 34677
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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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBREY, JOHN	1.2 NAME	
STREET ADDRESS	5028 KILKENNEY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGIE, LARRY	2.2 NAME	
STREET ADDRESS	5189 HUNTER'S DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIERNIK, GERALD	3.2 NAME	GOLDSMITH, PATTI
STREET ADDRESS	80 BALSAM DR	3.3 STREET ADDRESS	30 LANDING WAY
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	OLDSMAR, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DVA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAURON, JUDY	4.2 NAME	
STREET ADDRESS	885 LUCAS LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, AUSTIN	5.2 NAME	
STREET ADDRESS	25 TURTLE CREEK CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SCHAEFER, HERB
STREET ADDRESS		6.3 STREET ADDRESS	108 LINDSAY LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OLDSMAR FL

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SCHAEFER** Date: _____ Daytime Phone #: **(727) 789-1284**

CR2E037 (11/98)