

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769748

1. Entity Name

EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1050 A ELW PKWY  
OLDSMAR FL 34677

C/O MANAGEMENT AND ASSOCIATES  
P.O. BOX 1448 -  
PALM HARBOR FL 34682-1448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2356583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK  
1050 A ELW PKWY  
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUBREY, JOHN	
STREET ADDRESS	5028 KILKENNEY WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BOGIE, LARRY	
STREET ADDRESS	5189 HUNTER'S DR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, PATTI	
STREET ADDRESS	30 LANDING WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GAURON, JUDY	
STREET ADDRESS	885 LUCAS LN	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LLEWELLYN, AUSTIN	
STREET ADDRESS	25 TURTLE CREEK CIR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEFER, HERB	
STREET ADDRESS	108 LINDSAY LANE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGGIO, NAT	
STREET ADDRESS	1370 RIVER OAKS CT.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENNA, SANDRA	
STREET ADDRESS	310 CYPRESS CREEK CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIELER, CONRAD	
STREET ADDRESS	227 NINA WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PAUL	
STREET ADDRESS	5026 CAMBERLEY LANE	
CITY-ST-ZIP	OLDSMAR, FL 34677	

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90152 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE