

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # 769748

1. Entity Name
 EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.

Principal Place of Business 1050 A ELW PKWY OLDSMAR FL 34677	Mailing Address C/O MANAGEMENT AND ASSOCIATES P O BOX 1448 PALM HARBOR FL 346821448
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2. Principal Place of Business 325 S BOULEVARD	3. Mailing Address C/O MELROSE MANAGEMENT GROUP
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Suite, Apt. #, etc.	Suite, Apt. #, etc. P O BOX 2071
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City & State TAMPA FL	City & State TAMPA FL
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Zip 33606	Country	Zip 336012071	Country
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4. FEI Number 59-2356583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCANNAVINO DOMINICK
 1050 A ELW PKWY
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name
 HANSON JACK B
 Street Address (P.O. Box Number is Not Acceptable)
 325 S BOULEVARD
 City
 TAMPA FL Zip Code
 33606

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 JACK B. HANSON DATE 04/29/2001
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY MICHAEL C 325 S BOULEVARD TAMPA FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLEWELLYN AUSTIN 25 TURTLE CREEK CIR OLDSMAR FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAURON JUDY 885 LUCAS LN OLDSMAR FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDSMITH PATTI 30 LANDING WAY OLDSMAR FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOGIE LARRY 5189 HUNTER OLDSMAR FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER PAUL 325 S BOULEVARD TAMPA FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul Miller DP 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)