

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91222 023 ****61.25

DOCUMENT # 769748

1. Entity Name

EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**1050-A EASTLAKE WOODLANDS PKWY
OLDSMAR FL 34677**

Mailing Address

**1050-A EASTLAKE WOODLANDS PKWY
OLDSMAR FL 34677**

24066828



MOORE CR2E037 (11/03)

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 EASTLAKE WOODLANDS 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RINE, NICK ☐ Delete
STREET ADDRESS 1038 ELK WAY
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME KUTCHINS, BRYAN ☐ Delete
STREET ADDRESS 1394 RIVER OAKS CT.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME BRIGGS, JONATHAN
STREET ADDRESS 325 S BOULEVARD
CITY-ST-ZIP TAMPA FL 33606

TITLE DV ☐ Change ☒ Addition
NAME GAURON, JUDY
STREET ADDRESS 885 LUCAS LANE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Delete
NAME GILSDORF, NORMAN
STREET ADDRESS 325 S BOULEVARD
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LLEWELLYN, AUSTIN
STREET ADDRESS 25 TURTLE CREEK CIR
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME BERRY, MICHAEL C
STREET ADDRESS 325 S BOULEVARD
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Change ☒ Addition
NAME BARNETT, CHARLES
STREET ADDRESS 4787 LAKESHORE LOOP
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

727-789-1284

Daytime Phone #