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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 770441

(4)

EAST LAKE WOODLANDS WOODS LANDING TOWNHOMES UNIT ONE ASSOCIATION, INC.

Dringing Diago	of Business		3.4	lailing Address				1				&11 &1&11 \$161	
Principal Place	rui pusiness		IVI	-				ļ					
3490 E LAKE	E RD			P.O. BOX 1448									
SUITE C PALM HARBO	OR FL 34685			SUITE C PALM HARBOR F	FL 34682-44	48			B		T a		D
US	011 12 0 1000			US					Date Incorporated 09/27/198		3a. Da	of Last 05/01/1	
2. Principal Pla	ace of Busines	SS .	2a 26	i. Mailing Address	S			4.	FEI Number 59-238101	11			Applied For Not Applicabl
Suite, Apt.	#, etc.		- <del> </del>	Suite, Apt. #, et	tc.			6	Certificate of Statu	e Decired		\$8.75	Additional
2			27						Oettilicate of Statu	13 17631160		Fee	Required
City & State	Э		<u> </u>	City & State					Election Campaign	_		•	May Be
3			28		-	Oassahas			Trust Fund Contrib				d to Fees
Zip	<u> </u>	Country	29	Zìp I	30	Country			This corporation ha Florida Statutes		ntangible ta ] Yes <b>X</b>		199.032,
4		and Address of Current		stered Agent	30	<u>'1 -                                   </u>			Name and Addre			<u> </u>	
<del></del>						81	Name		•		· <del>-</del>		
CCAMN.	AVANO DON	IINICK				-	Cturnet	Address /D.	D. Pay Number is I	Not Appointable	(a)		
	AVINO, DOI AGEMENT A					82	Street	t Address (P.O. Box Number is Not Acceptable)					
	% Management and associates 3490 E. Lake RD, suite C					83			<del></del>	***			
	IARBOR FL					84	City		<del>.</del>			85 Zi	o Code
							City				FL	.     `	
11. Pursuant	to the provisio	ns of Sections 617.0502	and 6	17.1508, Florida S	Statutes, th	ne above r	named co	orporation su	bmits this stateme	ent for the purp	pose of ch	anging its r	egistered offi
or rogistor	red agent, or t	ooth, in the State of Florid t the obligations of, Section	ia, Suc	ch change was au	ithorized by	y the corp	oration's	board of dir	ectors, I hereby ac	cept the appo	antment as	registered	ageni, i am
familiar wi	irn and acced												
familiar wi	ки, апо ассер	t the obligations of, Section		,0000, 1101104 04	atotes.								
familiar wi		r printed name of registered agent :				egistered Ager	nt signature n	equired when rein			DATE		
familiar wi	Signature, typed o		and title if	f applicable.	(NOTE: Re	egistered Ager	nt signature n		nstating) ADDITIONS/CHAN	GES TO OFFI	CERS AND		
familiar wi		printed name of registered agent	and title if	fapplicable.	(NOTE: Re		nt signature n			NGES TO OFFI	CERS AND	D DIRECTO	DRS IN 12
familiar wi SIGNATURE 12.	Signature, typed o	openied name of registered agent OFFICERS AND N, JAMES DOUGLAS	and title if DIRE	f applicable.	(NOTE: Re	13.	it signature n			GES TO OFFI	CERS AND		
familiar wi SIGNATURE	Signature, typed of DT DICKSO 195 WO	OFFICERS AND N, JAMES DOUGLAS ODSLANDING TR.	and title if DIRE	f applicable.	(NOTE: Re	13. 1.1 TITLE				IGES TO OFFI	CERS AND		
familiar wi SIGNATURE 12. TITLE NAME	DT DICKSO 195 WO OLDSM	OFFICERS AND N, JAMES DOUGLAS ODSLANDING TR.	and title if DIRE	r applicable. CTORS DELETI	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS			IGES TO OFFI	CERS AND	☐ Change	Addition
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SIGNATURE:

4/2/96 (813)781-201