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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770441 (4)

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



Principal Place of Business 3490 E LAKE RD SUITE C PALM HARBOR FL 34685 US	Mailing Address P.O. BOX 1448 SUITE C PALM HARBOR FL 34682-448 US
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3. Date Incorporated or Qualified 09/27/1983		
4. FEI Number 59-2381011	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK
% MANAGEMENT AND ASSOCIATES
3490 E. LAKE RD, SUITE C
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME REHARK, MARJORIE	
STREET ADDRESS 385 WOODS LANDING TRAIL	
CITY-ST-ZIP OLDSMAR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GOLDSMITH, PATTI	
STREET ADDRESS 30 LANDING WAY	
CITY-ST-ZIP OLDSMAR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MARTORANO, TERRI	
STREET ADDRESS 505 WOODS LANDING TRAIL	
CITY-ST-ZIP OLDSMAR FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME DUBBS, CHARLOTTE	
STREET ADDRESS 335 WOODS LANDING TRAIL	
CITY-ST-ZIP OLDSMAR FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME MCKAUGHAN, HENRY	
STREET ADDRESS 115 WOODS LANDING TRAIL	
CITY-ST-ZIP OLDSMAR FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ROBERTS, BARBARA	
STREET ADDRESS 405 WOODS LANDING TRAIL	
CITY-ST-ZIP OLDSMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME RICHMAN, BONNIE	
2.3 STREET ADDRESS 345 WOODS LANDING TRAIL	
2.4 CITY-ST-ZIP OLDSMAR FL	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME MARTORANO, LEAH	
3.3 STREET ADDRESS 505 WOODS LANDING TRAIL	
3.4 CITY-ST-ZIP OLDSMAR FL	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BROMBERG, CRAIG	
4.3 STREET ADDRESS 25 WOODS LANDING TRAIL	
4.4 CITY-ST-ZIP OLDSMAR FL	
5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Henry J. McKaughan, Pres. Date: 4-25-98 Daytime Phone #: (813) 784-6133

CR2E037 (10/97)

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

ADDITIONAL DIRECTORS:

DT
MUNGALL, LINDA
365 woods landing Trail
Oldsmar, FL