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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770441

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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2. Principal Place of Business 21 1050 A ELW PKWY Suite, Apt. #, etc. 22 City & State 23 OLDSMAR, FL Zip 24 34677 25 Country	2a. Mailing Address 26 1050 A ELW PKWY Suite, Apt. #, etc. 27 City & State 28 OLDSMAR FL Zip 29 34677 30 Country	3. Date Incorporated or Qualified 09/27/1983	4. FEI Number 59-2381011	Applied For Not Applicable
		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	

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)	1050 A ELW PKWY
83	
84 City	OLDSMAR FL
85 Zip Code	34677

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	DV	<input checked="" type="checkbox"/> DELETE
NAME	REHARK, MARJORIE	
STREET ADDRESS	385 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RICHMAN, BONNIE	
STREET ADDRESS	345 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTORANO, LEAH	
STREET ADDRESS	505 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROMBER, CRAIG	
STREET ADDRESS	25 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKAUGHAN, HENRY	
STREET ADDRESS	115 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MENBALL, LINDA	
1.3 STREET ADDRESS	365 WOODS LANDING TRAIL	
1.4 CITY-ST-ZIP	OLDSMAR, FL	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KANNER, DEJON	
2.3 STREET ADDRESS	380 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	EGAN, DEBBIE	
3.3 STREET ADDRESS	65 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	KATZ, MARVIN	
4.3 STREET ADDRESS	485 WOODS LANDING TRAIL	
4.4 CITY-ST-ZIP	OLDSMAR, FL	
5.1 TITLE		<input 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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(727) 789-1284**

CR2E037 (11/98)