

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90172 024 \*\*\*\*61.25

**DOCUMENT # 770441**

1. Entity Name

**EAST LAKE WOODLANDS WOODS-LANDING TOWNHOMES UNIT**

Principal Place of Business

Mailing Address

1050 A ELW PKWY  
 OLDSMAR FL 34677  
 US

1050 A ELW PKWY  
 OLDSMAR FL 34677  
 US

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

**59-2381011**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVINO, DOMINICK**  
**1050 A ELW 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.

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	MUNBALL, LINDA	
STREET ADDRESS	365 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RICHMAN, BONNIE	
STREET ADDRESS	345 WOODS LANDING TRL	
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	T	<input type="checkbox"/> Delete
NAME	KANNER, DEJON	
STREET ADDRESS	380 WOODS LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	PD	<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	ZWEGO, MARILYN	
STREET ADDRESS	120 WOOD LANDING TRAIL	
CITY-ST-ZIP	OLDSMAR FL 34677	

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

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 all other like empowered.

SIGNATURE: *Henry J. Mckaughan* **SIGNATURE REQUIRED** *Henry J. Mckaughan - PRESIDENT* 1-24-01 789-1284  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)