


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

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 770441

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



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



MOORE CR2E037 (11/03)

4. FEI Number **59-2381011** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
 1050 A ELW PKWY
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	MUNGALL, 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	SILKE, PHYLLIS	
STREET ADDRESS	455 WOODS LANDING TRAIL	
CITY - ST - ZIP	OLDSMAR FL 34677	
TITLE	TD	<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	ROKITSKI, CAROL	
STREET ADDRESS	30 WOODS LANDING TRAIL	
CITY - ST - ZIP	OLDSMAR FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

000000051308
 02/16/04-80046-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 T. McKaughan* **HENRY T. MCKAUGHAN, PRESIDENT** 2-4-04 727-784-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #