

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90080 005 ****61.25



DOCUMENT # 770441
 1. Entity Name
EAST LAKE WOODLANDS WOODS LANDING TOWNHOMES UNIT ONE ASSOCIATION, INC.

Principal Place of Business
 1050 A ELW PKWY
 OLDSMAR, FL 34677 US

Mailing Address
 1050 A ELW PKWY
 OLDSMAR, FL 34677 US

40064020



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206

02222007 Chg-NP CR2E037 (12/06)

City & State Oldsmar, FL 34677

4. FEI Number 59-2381011 Applied For Not Applicable

Zip Country

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

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 Ad: Scannavino, Inc.
 720 Brooker Creek Blvd. #206
 City Oldsmar, FL 34677

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 *Dominick Scannavino*
 DOMINICK SCANNAVINO 4-11-07
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	OSTROM, BETTY	
STREET ADDRESS	95 WOODS LANDING TRL	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEECH, SUE ANNE	
STREET ADDRESS	330 WOODS LANDING TRL	
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	GRANT, REED	
STREET ADDRESS	295 WOODS LANDING TRL	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 4/10/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #