

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 770441

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

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-2381011 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: RICHMAN, BONNIE
Address: 345 WOODS LANDING TRL
City-St-Zip: OLDSMAR, FL

Title: D () Delete
Name: OSTROM, BETTY
Address: 95 WOODS LANDING TRL
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: LEECH, SUE ANNE
Address: 330 WOODS LANDING TRL
City-St-Zip: OLDSMAR, FL 34677

Title: PD () Delete
Name: MCKAUGHAN, HENRY
Address: 115 WOODS LANDING TRAIL
City-St-Zip: OLDSMAR, FL

Title: VD () Delete
Name: GRANT, REED
Address: 295 WOODS LANDING TRL
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: RICHMAN, BONNIE
Address: 345 WOODS LANDING TRL
City-St-Zip: OLDSMAR, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SMITH, JOHN
Address: 125 WOODS LANDING TRAIL
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY MCKAUGHAN

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date