

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770441

FILED
Apr 01, 2011
Secretary of State

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

Current Principal Place of Business:

720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD
SUITE 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
SUITE 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: PD
Name: MCKAUGHAN, HENRY
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: VD
Name: SMITH, JOHN
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: SD
Name: KANNER, DEJON
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: TD
Name: REED, GRANT
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: OSTROM, BETTY
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: FISHER, DONALD
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: HENRY MCKAUGHAN

PD

04/01/2011

Electronic Signature of Signing Officer or Director

_____ Date