

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770442** (2)

1. Corporation Name
**EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UN
IT ONE ASSOCIATION, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:06

Principal Place of Business Mailing Address
% HARBOUR MANAGEMENT
552 MAIN ST.
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/27/1983** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-2429718** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
MEZER, STEVEN H
1212 COURT STR
STE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPRISSLER, DAN
STREET ADDRESS	80 WOODRIDGE CT.
CITY- ST- ZIP	OLDSMAR FL
TITLE	DV
NAME	WILSON, BRUCE
STREET ADDRESS	80 WOODRIDGE CIRCLE
CITY- ST- ZIP	OLDSMAR FL
TITLE	D
NAME	BISSINGER, LARRY
STREET ADDRESS	160 WOODRIDGE CIRCLE
CITY- ST- ZIP	OLDSMAR FL
TITLE	D
NAME	L'ABBE, PHIL
STREET ADDRESS	70 WOODRIDGE CIRCLE
CITY- ST- ZIP	OLDSMAR FL
TITLE	S
NAME	GALVIN, MARY
STREET ADDRESS	10 WOODRIDGE CIR
CITY- ST- ZIP	OLDSMAR FL
TITLE	T
NAME	PRITZ, BILL
STREET ADDRESS	210 WOODRIDGE CIR
CITY- ST- ZIP	OLDSMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	AST S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KOBITER, LARRY
5.3 STREET ADDRESS	160 Woodridge Circle
5.4 CITY- ST- ZIP	Oldsmar, FL 34677
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T/DIRECTOR
6.3 STREET ADDRESS	EDWARDS, DOUG
6.4 CITY- ST- ZIP	90 WOODRIDGE CIRCLE OLDSMAR, FL 34677

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2

D

Jim Hardey
85 Woodridge Circle
Oldsmar, FL 34677

D

Hank Hendricks
230 Woodridge Circle
Oldsmar, FL 34677

D

Bob Staneszewski
190 Woodridge Circle
Oldsmar, FL 34677