

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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 UNIT ONE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **09/27/1983** 3a. Date of Last Report **02/06/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2429718	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24	25	25	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRISSLER, DAN	12 NAME	HARDEY, JIM
STREET ADDRESS	80 WOODRIDGE CT.	13 STREET ADDRESS	85 WOODRIDGE COURT
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BRUCE	22 NAME	HENDRICKS HANK
STREET ADDRESS	80 WOODRIDGE CIRCLE	23 STREET ADDRESS	230 WOODRIDGE CIRCLE
CITY-ST-ZIP	OLDSMAR FL	24 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISSINGER, LARRY	32 NAME	BIRCH, ALEXANDER
STREET ADDRESS	160 WOODRIDGE CIRCLE	33 STREET ADDRESS	100 WOODRIDGE COURT
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	ASTT <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L'ABBE, PHIL	42 NAME	KOBITTER, LARRY
STREET ADDRESS	70 WOODRIDGE CIRCLE	43 STREET ADDRESS	130 WOODRIDGE CIRCLE
CITY-ST-ZIP	OLDSMAR FL	44 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	S <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBITTER, LARRY	52 NAME	
STREET ADDRESS	160 WOODRIDGE CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	54 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DOUG	62 NAME	
STREET ADDRESS	90 WOODRIDGE CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	64 CITY-ST-ZIP	

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)(k), 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 on an attachment with an address.

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

CR2E037 (12/95)