

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 04 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # 770442 (2)**

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



|                                                                                                        |                                                                                                 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% HARBOUR MANAGEMENT<br/>552 MAIN ST.<br/>SAFETY HARBOR FL 34695</b> | Mailing Address<br><b>% HARBOUR MANAGEMENT<br/>552 MAIN ST.<br/>SAFETY HARBOR FL 34695-3549</b> |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/27/1983</b>                                                                                                      | 3a. Date of Last Report<br><b>02/06/1996</b>           |
| 4. FEI Number<br><b>59-2429718</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                              |                                                                                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 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 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. OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|-----------------------------|----------------------------------|-----------------------------|
| TITLE                      | NAME                        | 1.1 TITLE                        | 1.2 NAME                    |
| DP                         | <b>SPRISLER, DAN</b>        | PD                               | <b>Dan Sprissler</b>        |
|                            | <b>80 WOODRIDGE CT.</b>     |                                  | <b>80 Woodridge Court</b>   |
|                            | <b>OLDSMAR FL</b>           |                                  | <b>Oldsmar, FL 34677</b>    |
| DV                         | <b>WILSON, BRUCE</b>        | VP                               | <b>Bruce Wilson</b>         |
|                            | <b>80 WOODRIDGE CIRCLE</b>  |                                  | <b>80 Woodridge Court</b>   |
|                            | <b>OLDSMAR FL</b>           |                                  | <b>Oldsmar, FL 34677</b>    |
| D                          | <b>BISSINGER, LARRY</b>     | D                                | <b>Larry Bissinger</b>      |
|                            | <b>160 WOODRIDGE CIRCLE</b> |                                  | <b>160 Woodridge Circle</b> |
|                            | <b>OLDSMAR FL</b>           |                                  | <b>Oldsmar, FL 34677</b>    |
| ASTT                       | <b>L'ABBE, PHIL</b>         | D                                | <b>Jim Hardey</b>           |
|                            | <b>70 WOODRIDGE CIRCLE</b>  |                                  | <b>85 Woodridge Court</b>   |
|                            | <b>OLDSMAR FL</b>           |                                  | <b>Oldsmar, FL 34677</b>    |
| SD                         | <b>KOBITTER, LARRY</b>      | SD                               | <b>Larry Kobitter</b>       |
|                            | <b>130 WOODRIDGE CIRCLE</b> |                                  | <b>130 Woodridge Circle</b> |
|                            | <b>OLDSMAR FL</b>           |                                  | <b>Oldsmar, FL 34677</b>    |
| TD                         | <b>EDWARDS, DOUG</b>        | TD                               | <b>Doug Edwards</b>         |
|                            | <b>90 WOODRIDGE CIRCLE</b>  |                                  | <b>90 Woodridge Circle</b>  |
|                            | <b>OLDSMAR FL</b>           |                                  | <b>Oldsmar, FL 34677</b>    |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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 its 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 change is shown in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/24/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # **0069262**

CR2E037 (9/96)