FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 770442

(2)

EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UN IT ONE ASSOCIATION, INC.

IT ONE ASSOCIATION, INC.									
Principal Place	of Business	Mailing Address	Mailing Address			T TOWNING AND ALL HOUSE WEIGH DIRECT	I RIDIO IIDI EI	835 81881 81811 838 11 1	SIRII AIBII (#31
% HARBOUR MANAGEMENT 552 MAIN ST. SAFETY HARBOR FL 34695		552 MAIN ST.	% HARBOUR MANAGEMENT 552 MAIN ST. SAFETY HARBOR FL 34895-3549						
0,11,11,111,01		5 5., , , , , , , , , , , , , , , , ,				3. Date incorporated or Quality 09/27/1983	ied 3a	Date of Last R 02/06/19	teport 396
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-2429718		 - - 	pplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	; 🗆		Additional equired
City & State		City & State				6. Election Campaign Financi			May Be
Zip	Country	28	Cou	ntry	 	Trust Fund Contribution		***************************************	to Fees
24	25	29	30	ıı ili y		This corporation has liability Florida Statutes	ror intend Yes		. 199.032,
	9. Name and Address of Curren					10. Name and Address of Ne			
				B1 Na	me				
	STEVEN H			82 Str	eet Addre	ess (P.O. Box Number is Not Acc	eptable)		
1212 COURT STR			ļ	83					
STE B	NATED EL GARGE			03					
CLEANY	VATER FL 34616			84 Cit	У			FL 85 Zip	Code
11. Pursuant to	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statute of Florida. Such change was a	es, the at	bove-nar d by the	ned corpo corporation	oration submits this statement for on's board of directors. I hereby			ts registered registered
agent I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	orida Stat	utes.				••	
SIGNATURE _	Signature, typed or printed name of registered age	nt and little # applicable (NOTE	Registered	d Agent sign	ature require	d when reinstating)	DA	TE	
12.	OFFICERS AND		13.					AND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 T()	TLE P	$\mathbf{D}_{\mathbf{D}'}$	an Sprissler		Change	Addition
NAME	SPRISSLER, DAN		1.2 NA) Woodridge Court			
STREET ADDRESS	80 WOODRIDGE CT.			TREET ADDR	ESS	ldsmar, FL 34677	<i>.</i>		
CITY-ST-ZIP TITLE	OLDSMAR FL DV	DELETE	1.4 CC 2.1 TC	TY-ST-ZIP		ruce Wilson	<u></u>	Change	Addition
NAME	WILSON, BRUCE	_ ctare	2.2 N/					L Change	- Facilion
STREET ADDRESS	80 WOODRIDGE CIRCLE			REET ADDR) Woodridge Court			
CITY - ST - ZIP	OLDSMAR FL		2.40	ITY-ST-ZIP	. Q.	ldsm <u>a</u> r. FL 34677			
TITLE	D	☐ DELETE	3.1 TI	TLE T	D L	arry Bissinger		Change	Addition Addition
NAME	BISSINGER, LARRY		3.2 NA	AME .	16	60 Woodridge Circ	le	è	
STREET ADDRESS	160 WOODRIDGE CIRCLE			ireet ador	ESS	ldsmar, FL 34677			
CITY-ST-ZIP	OLDSMAR FL	DELETE		TY-ST-ZIP	т.	m Hardey		Change	Addition
TITLE NAME	astt L'abbe, Phil	DECENT	4.1 TO 4. 2 N				•	SO criange	E Natilities
STREET ADDRESS	70 WOODRIDGE CIRCLE			rumi. Treet ad dr		5 Woodridge Cour			
CITY-ST-ZIP	OLDSMAR FL			ITY-ST-ZIP		ldsmar FL 34677			
TITLE	8>>	☐ DELETE		TLE CJ	5 L	arry Kobitter		Change	Addition
NAME	KOBITTER, LARRY		5.2 N/	AME 3	· •	30 Woodridge Circ	10		
STREET ADORESS	130 WOODRIDGE CIRCLE		5.3 \$1	FREET ADDR					
CITY-ST-ZIP	OLDSMAR FL	DELETE		TY-ST-ZIP		oldsmar. FL 34677	•	hange	☐ Addition
TITLE	td Edwards, doug	m nercie	6.1 TI	- 1		oug Edwards		-nange	" vacinou
NAME STREET ADDRESS	90 WOODRIDGE CIRCLE			ame Treet addr	_{ESS} 90	Woodridge Circle			•
CITY-ST-7IP	OLDMAR FL								
14. I do heret	OLDMAR FL by certify that the information supplied in indicated on this annual report or structure or director of the corporation of the corporat	d with this filing does not qualif	y for the	exempti	on stated	in pection institution of the result of the	atutes. I fu	irther certify that	the
informatio I am an o	ri indicated on this annual report or s fficer or director of the corporation of	ich receiver or trustee empow	rue and a rered to e	accurate execute t	and that i his report	my signature snall have the same t as required by Chapter 617, Flo	iegal effe ida Statute	ut as if made un es; and that my	ioer oath; thai name
appears i	n Block 12 or Block 13 it changed o	on an attachment with an add	oress.		_	m			

SIGNATURE:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Daytime Phone # 0069262

FILED

Mar 04 1997 8:00am

Secretary of State