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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

770442

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EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UN

May 18 1998 8:00am Secretary of State

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Principal Place of Bus	siness	Mailing Address		- 1111	itar 10014 10014 00113 31011 01010 1	HAL GLAN BIRN ENTH ALDIN	Bidil Pibli IADi
% HARBOUR MANAGEMENT		% HARBOUR MANAGEMENT		3. Date Inc	corporated or Qualified		
552 MAIN ST. SAFETY HARBOR FL 34695		552 MAIN ST. SAFETY HARBOR FL 34695			09/27/1983		
				4. FÉI Nun			applied For
				59	-2429718	}	lot Applicab
Principal Place of I	Business	2a. Mailing Address					Additional
21 MANAGEMENT & ASSOCIATES 28 MANAGEMEN			IT & ASSOCIA	TES 5. Certifica	ate of Status Desired		Required
Suite, Apt. #, etc.	-1	Suite, Apt. #, etc.	-1	6. Election	Campaign Financing	\$5.00	May Be
3490 EAST.	LAKE RD STE.C		AKE KI., STE	Trust Fu	nd Contribution	Added Added	
City & State	10.0 -	City & State	رسم م	7. Is this n	onprofit corporation a ho		on?
llaum HA		28 PALM HARBO	Country			Yes No	
34685	Country	^{Zip} 34685	30 PINEUA	2C 8. This cor	poration owes or has pai		
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	and and Appropriate or Conton	It trogretored Agent	81 Name	T			
LICTOR OTOLO	'Nf LI			DOMINIC	K SCANNA	VINO	
MEZER, STEVE			82 Street	Address (P.O. Box	Number is Not Acceptab	SUITE	0
1212 COURT S STE B	oin .		83	VIII CAL	ST LAKE R	Dy Salle	
CLEARWATER	El 34616				 		
OLEANIATEN	FL 04010		84 City	PALM HAR	RAP	FI 85 Zy	Code
1. Pursuant to the	rovisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above-named	corporation submit	s this statement for the p	urpose of changing	its registere
office or registere	d agent, or both, in the State	02 and 617.1508, Florida Statute of Florida. Such change was a alons of, Section 617.0503, Flo	authorized by the cor	poration's board of	directors. I hereby accep	ot the appointment as	s registered
	OLL ANNUAL TO THE CONTROL OF COURT AT INC. TO STATE OF COURT	Aligns of, decition of the document	illua Statutes.			1/28/98	
V (/ / /	MILLANCE	to unove	دست		1.4		
GNATURE (typed or printed name of registering glo	poullove	E: Registered Agent signature	e required when reinstating)	¥	DATE DATE	
SIGNATURE Signature	numer ()	PROCUMBER (NOTE			VS/CHANGES TO OFFIC	DATE	RS IN 12
SIGNATURE Signature	lyped or printed name of registasm age	PROCUMBER (NOTE	E: Registered Agent signature	ADDITIO		DATE	
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Director: Morman Allman 20 Woodridge Circle Oldsmar, FL 34677