


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	% HARBOUR MANAGEMENT 552 MAIN ST. SAFETY HARBOR FL 34695

3. Date incorporated or Qualified	09/27/1983
4. FEI Number	59-2429718
Applied For	<input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 MANAGEMENT & ASSOCIATES Suite, Apt. #, etc.	26 MANAGEMENT & ASSOCIATES Suite, Apt. #, etc.
22 3490 EAST LAKE RD, STE. C City & State	27 3490 EAST LAKE RD, STE. C City & State
23 PALM HARBOR, FL Zip	28 PALM HARBOR, FL Zip
24 34685	29 34685
25 PINELLAS	30 PINELLAS

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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

81 Name	DOMINICK SCANNAYINO
82 Street Address (P.O. Box Number is Not Acceptable)	3490 EAST LAKE RD, SUITE C
83	
84 City	PALM HARBOR FL
85 Zip Code	34685

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: *[Signature]* DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRISSLER, DAN	1.2 NAME	ALLMAN, NORMAN
STREET ADDRESS	80 WOODRIDGE CT.	1.3 STREET ADDRESS	80 WOODRIDGE CIRCLE
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	1ST VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRUCE	2.2 NAME	
STREET ADDRESS	80 WOODRIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISSINGER, LARRY	3.2 NAME	BIRCH, ALEXANDER
STREET ADDRESS	160 WOODRIDGE CIRCLE	3.3 STREET ADDRESS	100 WOODRIDGE CIRCLE
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEY, JIM	4.2 NAME	LICKSON BARBARA
STREET ADDRESS	85 WOODRIDGE COURT E	4.3 STREET ADDRESS	85 WOODRIDGE CIRCLE
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOBITTER, LARRY	5.2 NAME	JACOBY, HENRY
STREET ADDRESS	130 WOODRIDGE CIRCLE	5.3 STREET ADDRESS	30 WOODRIDGE COURT
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, DOUG	6.2 NAME	MAYER JOHN
STREET ADDRESS	90 WOODRIDGE CIRCLE	6.3 STREET ADDRESS	110 WOODRIDGE CIRCLE
CITY-ST-ZIP	OLDSMAR FL	6.4 CITY-ST-ZIP	OLDSMAR, FL 34677

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **4-28-98** (813) 789-1284 DAYTIME PHONE # **0070125**

CR2E037 (10/97)

Addition

Director: Norman Allman
30 Woodridge Circle
Oldsmar, FL 34677