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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770442

1. Corporation Name

EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UNIT ONE ASSOCIATION, INC.

Principal Place of Business

MANAGEMENT & ASSOC
 3490 E LAKE RD STE C
 PALM HARBOR FL 34685
 US

Mailing Address

MANAGEMENT ASSOC
 3490 E LAKE RD STE C
 PALM HARBOR FL 34685
 US



2. Principal Place of Business

21 1050 A ELW PKWY

Suite, Apt. #, etc.

City & State

23 OLDSMAR, FL

Zip Country

24 34677 25

2a. Mailing Address

26 1050 A ELW PKWY

Suite, Apt. #, etc.

City & State

28 OLDSMAR, FL

Zip Country

29 34677 30

3. Date Incorporated or Qualified

09/27/1983

4. FEI Number

59-2429718

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
 3490 E LAKE RD
 STE C
 PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1050 A ELW PKWY

83

84 City

OLDSMAR

FL

85 Zip Code

34677

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 authorized to, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dominick Scannavino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPRISSLER, DAN	
STREET ADDRESS	80 WOODRIDGE CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILSON, BRUCE	
STREET ADDRESS	80 WOODRIDGE CIRCLE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BIRCH, ALEXANDER	
STREET ADDRESS	100 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKSON, BARBARA	
STREET ADDRESS	265 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBY, HENRY	
STREET ADDRESS	30 WOODRIDGE COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAYER, JOHN	
STREET ADDRESS	110 WOODBRIDGE CIR	
CITY-ST-ZIP	OLDMAR FL 34677	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D ALLMEN, NORMAN	
1.3 STREET ADDRESS	20 WOODRIDGE CIRCLE	
1.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

D. Scannavino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 789-1284

CR2E037 (11/98)