

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90159 037 ****61.25

DOCUMENT # 770442

1. Entity Name

EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UN



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1050-A ELW PKWY OLDSMAR FL 34677 US	1050-A ELW PKWY OLDSMAR FL 34677 US

2. Principal Place of Business 3440 EAST LAKE RD	3. Mailing Address 3440 EAST LAKE RD
Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc. SUITE 106
City & State PALM HARBOR FL	City & State PALM HARBOR FL

Zip 34685	Country PINELLAS	Zip 34685	Country PINELLAS
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4. FEI Number 59-2429718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050 A ELW PKWY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name
JAMES M NOLAN

Street Address (P.O. Box Number is Not Acceptable)
3440 EAST LAKE RD

SUITE 106

City
PALM HARBOR FL **FL** Zip Code
34685

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  DATE **4-28-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDEY, JAMES 85 WOODRIDGE COURT OLDSMAR FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYER, JOHN 110 WOODRIDGE CIRCLE OLDSMAR FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEYMOUR, DAVID 230 WOODRIDGE CIRCLE OLDSMAR FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRCH, ALEXANDER 100 WOODRIDGE COURT OLDSMAR FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeMARCO, RICHARD 40 WOODRIDGE CIRCLE OLDSMAR FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-28-00** Daytime Phone # **727-785-8887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)