

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90718 003 ****61.25

0089013

DOCUMENT # 770442

1. Entity Name

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

Principal Place of Business

Mailing Address

**3440 E LAKE RD
 STE 106
 PALM HARBOR FL 34685
 US**

**3440 E LAKE RD
 STE 106
 PALM HARBOR FL 34685
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2429718

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIRST CHOICE ASSO MGMT
 3440 E LAKE RD
 STE 106
 PALM HARBOR FL 34685**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARDEY, JAMES	
STREET ADDRESS	85 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MAYER, JOHN	
STREET ADDRESS	110 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BIRCH, ALEXANDER	
STREET ADDRESS	100 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BIRCH, ALEXANDER	
STREET ADDRESS	100 WOODRIDGE CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	UP	<input type="checkbox"/> Delete
NAME	DEMARCO, RICHARD	
STREET ADDRESS	40 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAYER, JOHN	
STREET ADDRESS	110 WOODRIDGE CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Geoghegan	
STREET ADDRESS	220 Woodridge Circle	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Bulhman	
STREET ADDRESS	250 Woodridge Circle	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boug Dickson	
STREET ADDRESS	265 WOODRIDGE Circle	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milton Lackowitz	
STREET ADDRESS	180 WOODRIDGE Circle	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

James R. Nolan
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 727-785-8887
 Date Daytime Phone #

CR2E037 (9/01)