

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90010 048 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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66403409



<b>DOCUMENT # 770442</b>					
1. Entity Name EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UNIT ONE ASSOCIATION, INC.					
Principal Place of Business 3440 E LAKE RD STE 106 PALM HARBOR, FL 34685 US			Mailing Address 3440 E LAKE RD STE 106 PALM HARBOR, FL 34685 US		
2. Principal Place of Business <i>4174 Woodlands Pkwy</i>		3. Mailing Address <i>4174 Woodlands Pkwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Palm Harbor Florida</i>		City & State <i>Palm Harbor Florida</i>		4. FEI Number 59-2429718	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>34685</i>	Country <i>USA</i>	Zip <i>34685</i>	Country <i>USA</i>	6. Name and Address of Current Registered Agent	
FIRST CHOICE ASSO MGMT 3440 E LAKE RD STE 106 PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent		
Name <i>James Nolan</i>			Street Address (P.O. Box Number is Not Acceptable) <i>First Choice Association Mgmt</i>		
City <i>Palm Harbor</i>			FL Zip Code <i>34685</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>James M. Nolan</i> DATE: <i>2/2/04</i>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEOGHEGAN, BOB		NAME		
STREET ADDRESS	220 WOODRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBY, JAKE		NAME		
STREET ADDRESS	30 WOODRIDGE CT.		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIRCH, ALEXANDER		NAME		
STREET ADDRESS	100 WOODRIDGE CIR		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACKOWITZ, MILTON		NAME		
STREET ADDRESS	180 WOODRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMARCO, RICHARD		NAME		
STREET ADDRESS	40 WOODRIDGE CIR		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BULHMAN, CAROLYN		NAME		
STREET ADDRESS	250 WOODRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		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 empowered.					
SIGNATURE: <i>Richard De Marco</i>		DATE: <i>2/23/04</i>		DAYTIME PHONE # <i>727 781-8887</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR					