

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90056 047 ****61.25

DOCUMENT # 770442
 1. Entity Name
EAST LAKE WOODLANDS WOODRIDGE GREEN TOWNHOMES UNIT ONE ASSOCIATION, INC.



50013303



Principal Place of Business
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685 US

Mailing Address
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2429718

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NOLAN, JAMES
FIRST CHOICE ASSOCIATION MGMT
4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James Nolan DATE: 1/11/05

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GEORGHEGAN, BOB | |
| STREET ADDRESS | 220 WOODRIDGE CIRCLE | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JACOBY, JAKE | |
| STREET ADDRESS | 30 WOODRIDGE CT. | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BIRCH, ALEXANDER | |
| STREET ADDRESS | 100 WOODRIDGE CIR | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LACKOWITZ, MILTON | |
| STREET ADDRESS | 180 WOODRIDGE CIRCLE | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DEMARCO, RICHARD | |
| STREET ADDRESS | 40 WOODRIDGE CIR | |
| CITY-ST-ZIP | OLDSMAR, FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BULHMAN, CAROLYN | |
| STREET ADDRESS | 250 WOODRIDGE CIRCLE | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEVE AXELRAD | |
| STREET ADDRESS | 20 WOODRIDGE CIRCLE | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANDRA MANNING | |
| STREET ADDRESS | 80 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 | | |
| 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 empowered.

SIGNATURE: Carolyn Bulhman DATE: 1/11/05 DAYTIME PHONE #: 785-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #