


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 038 ****61.25

DOCUMENT # 770442

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



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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02052007 Chg-NP CR2E037 (12/06)

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

Filing Fee is \$61.25 Due by May 1, 2007

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	S	<input checked="" type="checkbox"/> Delete
NAME	AXELROD, STEVE	
STREET ADDRESS	20 WOODRIDGE CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VP	<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	MANNING, SANDRA	
STREET ADDRESS	80 WOODRIDGE CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	P	<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	OLDMAR, FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geoghegan, Bob	
STREET ADDRESS	220 Woodridge Circle	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mayer, John	
STREET ADDRESS	110 Woodridge Circle	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilchrist, Karen	
STREET ADDRESS	200 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 exemptions contained in Chapter 119, 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 Bulhmann* **Carolyn Bulhmann** (28/07) (727) 785-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #