

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90970 029 ****61.25

DOCUMENT # 770442

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

Principal Place of Business
**C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY
PALM HARBOR FL 34685
US**

Mailing Address
**C/O FIRST CHOICE MGMT
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

4. FEI Number **59-2429718** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FIRST CHOICE 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GEOGHEGAN, BOB 220 WOODRIDGE CIRCLE OLDSMAR FL 34677 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAYER, JOHN 110 WOODRIDGE CIR OLDSMAR FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACOBY, JAKE 30 Woodridge Court OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BIRCH, ALEXANDER 100 WOODRIDGE CIR OLDSMAR FL 34677 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LACKOWITZ, MILTON 180 WOODRIDGE CIRCLE OLDSMAR FL 34677 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DEMARCO, RICHARD 40 WOODRIDGE CIR OLDSMAR FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BULHMAN, CAROLYN 250 WOODRIDGE CIRCLE OLDSMAR FL 34677 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD |

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: **RICHARD DeMARCO - Pres 2/28/03**

CR2E037 (10/02)