

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07776** (0)

1. Corporation Name

**EAST LAKE WOODLANDS PINEWINDS CLUSTER HOMES UNIT  
ONE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3490 E LAKE RD., SUITE C  
P.O. BOX 1448  
PALM HARBOR FL 34682-8448**

**3490 E LAKE RD., SUITE C  
P.O. BOX 1448  
PALM HARBOR FL 34682-8448**



3. Date Incorporated or Qualified  
**02/21/1985**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2517414**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCANNAVINO, DOMINICK  
MANAGEMENT AND ASSOCIATES  
3490 E LAKE RD., SUITE C  
PALM HARBOR FL 34685**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MEISTER, JACK**  
STREET ADDRESS **150 PINEWINDS BLVD.**  
CITY-ST-ZIP **OLDSMAR FL**

1.1 TITLE **DP** ☐ Change ☒ Addition  
1.2 NAME **Fred Rolfe**  
1.3 STREET ADDRESS **70 Birdsong Ct.**  
1.4 CITY-ST-ZIP **Oldsmar FL 34677**

TITLE **DS** ☐ DELETE  
NAME **KOSKINEN, DAVID**  
STREET ADDRESS **110 PINEWINDS BLVD.**  
CITY-ST-ZIP **OLDSMAR FL**

2.1 TITLE **DT** ☐ Change ☒ Addition  
2.2 NAME **Opal Olson**  
2.3 STREET ADDRESS **50 Morning Dove**  
2.4 CITY-ST-ZIP **Oldsmar FL 34677**

TITLE **DVP** ☐ DELETE  
NAME **SIMMONS, DICK**  
STREET ADDRESS **20 SUMMERWIND**  
CITY-ST-ZIP **OLDSMAR FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **HOLLAND, JOAN**  
STREET ADDRESS **40 PINEWINDS BLVD**  
CITY-ST-ZIP **OLDSMAR FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **HOLT, CHARLES J**  
STREET ADDRESS **60 SUMMERWIND LANE**  
CITY-ST-ZIP **OLDSMAR FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **OLSON, OPAL**  
STREET ADDRESS **50 MORNING DOVE PLACE**  
CITY-ST-ZIP **OLDSMAR FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Opal Olson, Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)