


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07776 (0)

1. Corporation Name
EAST LAKE WOODLANDS PINEWINDS CLUSTER HOMES UNIT ONE ASSOCIATION, INC.



Principal Place of Business 3490 E LAKE RD., SUITE C P.O. BOX 1448 PALM HARBOR FL 34682-8448	Mailing Address 3490 E LAKE RD., SUITE C P.O. BOX 1448 PALM HARBOR FL 34682-1448
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3. Date Incorporated or Qualified 02/21/1985	3a. Date of Last Report 04/29/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 59-2517414	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEISTER, JACK	1.2 NAME	Catherine Sadler
STREET ADDRESS	150 PINEWINDS BLVD.	1.3 STREET ADDRESS	20 Morning Dove Place
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSKINEN, DAVID	2.2 NAME	
STREET ADDRESS	110 PINEWINDS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, DICK	3.2 NAME	
STREET ADDRESS	20 SUMMERWIND	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLFE, FRED	4.2 NAME	
STREET ADDRESS	70 CIRDSONG COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, OPAL	5.2 NAME	
STREET ADDRESS	50 MORNING DOVE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: **Fred R. Rolfe, Pres.** *Fred R. Rolfe* **January 21 1997 (813)-785-8703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0068622**

CR2E037 (9/96)