

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90245 005 ****61.25

DOCUMENT # N07776

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 34682-8448



2. Principal Place of Business

21 1050 A ELW PKWY

Suite, Apt. #, etc.

23 OLDSMAR, FL

City & State

Zip Country

24 34677 25

2a. Mailing Address

26 1050 A ELW PKWY

Suite, Apt. #, etc.

28 OLDSMAR, FL

City & State

Zip Country

29 34677 30

3. Date Incorporated or Qualified

02/21/1985

4. FEI Number

59-2517414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

1050 A ELW PKWY

83

84 City OLDSMAR

FL

85 Zip Code

34677

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

TITLE ☐ DELETE

TD
NAME GROFF, JOAN
STREET ADDRESS 200 PINEWINDS BLVD
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

SD
NAME JONES, CLYDE
STREET ADDRESS 30 MORNING DOVE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☒ DELETE

DVP
NAME SIMMONS, DICK
STREET ADDRESS 20 SUMMERWIND
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ DELETE

DP
NAME ROLFE, FRED
STREET ADDRESS 70 CIRDSONG COURT
CITY-ST-ZIP OLDSMAR FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D
1.2 NAME FUREY, RAYMOND
1.3 STREET ADDRESS 220 PINEWINDS BLVD
1.4 CITY-ST-ZIP OLDSMAR, FL

2.1 TITLE ☒ Change ☐ Addition

DVP
2.2 NAME JONES, CLYDE
2.3 STREET ADDRESS 30 MORNING DOVE
2.4 CITY-ST-ZIP OLDSMAR, FL

3.1 TITLE ☐ Change ☒ Addition

D
3.2 NAME BYRNES, MARJORIE
3.3 STREET ADDRESS 80 SUMMERWIND LN.
3.4 CITY-ST-ZIP OLDSMAR, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 789-1284

CR2E037 (1/198)