2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **N07776** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name EAST LAKE WOODLANDS PINEWINDS CLUSTER HOMES UNIT 04-28-2000 90085 012 ****61.25 The second Principal Place of Business : , Mailing Address 1050 A ELW PKWY 1050 A ELW PKWY OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2517414 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCANNAVINO, DOMINICK 1050 A ELW PKWY OLDSMAR FL 34677 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Treasurer Secretary Addition □ Delete TITLE Rosalind Moore 100 Summerwind Lane NAME FUREY, RAYMOND NAME STREET ADDRESS STREET ADDRESS 200 PINEWINDS BLVD Oldsmar, FG 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 Director Buchholtz TITLE DVP **X**Delete TITLE ☐ Change Addition 80 Pinewinds Blud NAME JONES, CLYDE NAME STREET ADDRESS STREET ADDRESS **30 MORNING DOVE** Oldsmar, FC 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME BYRNES, MAJORIE NAME ---STREET ADDRESS STREET ADDRESS **80 SUMMERWIND LN.** C!TY-ST-ZIP CITY-ST-ZIP OLDSMAR FL FRED RIVALES TITLE Change ☐ Addition ☐ Delete TITLE ROLFE, FRED NAME NAME 如31RDSONG 公元 STREET ADDRESS STREET ADDRESS 70 BIRDSONG COURT CITY-ST-ZIP Claringer, FL 3+607 CITY-ST-ZIP OLDSMAR FL Change ■ Addition TITLE graph of the transfer ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.