


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 030 ****61.25

DOCUMENT # N07776

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



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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. **720 Brooker Creek Blvd. #206**

City & State **Oldsmar, FL 34677**

Zip Country

40032--



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
59-2517414 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCANNAVINO, DOMINICK 1050 A ELW PKWY OLDSMAR, FL 34677		Name Street Addr Scannavino, Inc. 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677	

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 *Dominick Scannavino* DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2007 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	TD SANDLER, RICHARD 220 PINEWINDS BLVD OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, DICK 20 SUMMERWIND LN OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WARRING KAY 50 PINEWINDS BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, JOHN 40 PINEWINDS BLVD. OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, CLYDE 30 MORNING DOVE PLACE OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD SILVERMAN, HENRIETTA 100 SUMMERWIND LANE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, RAMONA 80 PINEWINDS BLVD. OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any other like empowered.

SIGNATURE: *Richard Sandler* **3-22-07** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR