

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90316 002 ****61.25

DOCUMENT # N07776

1. Entity Name

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



Principal Place of Business

**1050 A ELW PKWY
OLDSMAR FL 34677**

Mailing Address

**1050 A ELW PKWY
OLDSMAR FL 34677**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2517414**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK
1050 A ELW PKWY
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **TSD** ☐ Delete
NAME **WARRING, KAY**
STREET ADDRESS **50 PINEWINDS BLVD**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **SIMMONS, DICK**
STREET ADDRESS **20 SUMMERWIND LN**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **KOSKINEN, DAVID**
STREET ADDRESS **110 PINEWINDS BLVD**
CITY-ST-ZIP **OLDSMAR FL**

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

TITLE **TS** ☒ Delete
NAME **MOORE, ROSALIND**
STREET ADDRESS **100 SUMMERWIND LANE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **KRISTER, STELLA**
STREET ADDRESS **50 SUMMERWIND LANE**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **Kay Krister**

1-24-03

CR2E037 (10/02)