

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746391

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC2626479480**

**Entity Name:** EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT FOUR, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**FEI Number: 59-1954087**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN  
4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           STEVENS, MIKE  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           VP  
Name           KERIAZAKOS, LYNN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           SEC  
Name           O'HORO, NANCY  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           TRE  
Name           BARTHOLMEY, JILL  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           D  
Name           BECKLUND, STEVE  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           D  
Name           CANTRELL, RICK  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           DIRECTOR  
Name           ROGERS, STEVE  
Address        4151 WOODLANDS PKWY  
City-State-Zip: PALM HARBOR FL 34685

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIKE STEVENS**

**PRESIDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date