

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751922

Entity Name: EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM
UNIT TWO ASSOCIATION, INC.**FILED**
Apr 11, 2014
Secretary of State
CC0908789376**Current Principal Place of Business:**4151 WOODLANDS PARKWAY.
PALM HARBOR, FL 34685**Current Mailing Address:**4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US**FEI Number: 59-1988536****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
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	P
Name	DANIELL, LORRAINE
Address	4151 WOODLANDS PARKWAY.
City-State-Zip:	PALM HARBOR FL 34685

Title	VP
Name	LEVEROCK, JAMES
Address	4151 WOODLANDS PARKWAY.
City-State-Zip:	PALM HARBOR FL 34685

Title	S
Name	MCMANUS, REBECCA
Address	4151 WOODLANDS PARKWAY
City-State-Zip:	PALM HARBOR FL 34685

Title	TREA
Name	VAIL, SALLY
Address	4151 WOODLANDS PARKWAY
City-State-Zip:	PALM HARBOR FL 34685

Title	CO-TREASURER
Name	WEIGAND, WALTER
Address	4151 WOODLANDS PARKWAY.
City-State-Zip:	PALM HARBOR FL 34685

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

Title	DIRECTOR
Name	WILLIAMS, ANN
Address	4151 WOODLANDS PARKWAY.
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: LORRAINE DANIELL**PRESIDENT****04/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date