

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751922

**Entity Name:** EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM  
UNIT TWO ASSOCIATION, INC.

**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 WEIGAND, WALTER  
Address 4151 WOODLANDS PARKWAY.  
City-State-Zip: PALM HARBOR FL 34685

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

Title S  
Name CUNNINGHAM, DIANE  
Address 4151 WOODLANDS PARKWAY.  
City-State-Zip: PALM HARBOR FL 34685

Title TREA  
Name KUCH, JOHN  
Address 4151 WOODLANDS PARKWAY.  
City-State-Zip: PALM HARBOR FL 34685

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

Title DIRECTOR  
Name ZEVITZ, NEIL  
Address 4151 WOODLANDS PARKWAY.  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name KIEV, MICHAEL  
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:** WALTER WEIGAND

**PRESIDENT**

**03/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date