

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755696

Entity Name: EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT
ASSOCIATION UNIT FIVE, INC.**FILED**
Apr 29, 2013
Secretary of State
CC4114040239**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: 59-2050260****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
2180 WEST SR 434- SUITE 5000
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	WASHICK, AL
Address	4151 WOODLANDS PARKWAY
City-State-Zip:	PALM HARBOR FL 34685

Title	SEC
Name	WASHICK, CHRISTINE
Address	4151 WOODLANDS PARKWAY
City-State-Zip:	PALM HARBOR FL 34685

Title	TD
Name	DEVAULT, LARRY
Address	4151 WOODLANDS PARKWAY
City-State-Zip:	PALM HARBOR FL 34685

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

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

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

Title	DIRECTOR
Name	LESCH, FRITZ
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: AL WASHICK**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date