

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755696

Entity Name: EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT
ASSOCIATION UNIT FIVE, INC.**FILED**
Apr 03, 2024
Secretary of State
2345710858CC**Current Principal Place of Business:**720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677**Current Mailing Address:**720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 US**FEI Number: 59-2050260****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCANNAVINO, INC.
720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO****04/03/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PD
Name HAYWARD, CHERYL
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677**Title** VPD
Name ANASTASAKIS, LUKE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677**Title** SECRETARY
Name MAY, CHARLOTTE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677**Title** DIRECTOR
Name BLACKMAN, JIM
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677**Title** TREASURER
Name GANZEKAUFER, MARYELLA
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

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: CHERYL HAYWARD**PRESIDENT****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date