

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769748

**Entity Name:** EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**0683261918CC**

**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

**FEI Number: 59-2356583**

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD, PRESIDENT  
Name BURMEISTER, PAUL  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title VPD  
Name MCCOY, MARY  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title TREASURER  
Name FELLER, DAVID  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR  
Name FAIRMAN, CHUCK  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name FOSBROOK, JEFF  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name PICKER, JACK  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name WHITE, STEVE  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title SECRETARY  
Name BAKER, JANIE  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

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*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: PAUL BURMEISTER**

**PRESIDENT**

**02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name LUCIDO, CLIFF  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677