

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769748

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC2876724484**

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

**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  
Name FOSBROOK, JUDY  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title VD  
Name CRANK, KEITH  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title SD  
Name FAIRMAN, CHUCK  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title TD  
Name PETERSON, JANET  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

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

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

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

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

**Continues on page 2**

*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:** JUDY FOSBROOK

**PRESIDENT**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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