

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

DOCUMENT# 770441

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC0193545304**

**Entity Name:** EAST LAKE WOODLANDS WOODS LANDING TOWNHOMES  
UNIT ONE 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 US

**FEI Number: 59-2381011**

**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 IRWIN, JIM  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

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

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

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

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

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

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

Title D  
Name FRANCISCO, MICHAEL  
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: JIM IRWIN**

**PRESIDENT**

**03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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