2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2008
Secretary of State

DOCUMENT# 738441

Entity Name: EAST LAKE WOODLANDS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

32708 US 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

C/O CALIBER CONDO MGT INC
32712 U S HWY 19 NORTH
PALM HARBOR, FL 34684 US

Current Mailing Address:

32708 US 19 NORTH
PALM HARBOR, FL 34684 US

New Mailing Address:

C/O CALIBER CONDO MGT INC
32712 U S HWY 19 NORTH
PALM HARBOR, FL 34684 US

FEI Number: 59-1734335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, MARJORIE J
CALIBER MGMT
32708 U S 19 NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

BROWN, MARJORIE J
CALIBER MGMT
32712 U S 19 NORTH
PALM HARBOR, FL 34684 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: MARJORIE J. BROWN 04/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SLAUNWHITE, PHYLLIS,
Address: 141 CARYL WAY
City-St-Zip: OLDSMAR, FL

Title: TD ( ) Delete
Name: LEIGHTY, BETTY
Address: 107 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete
Name: THOMAS, BARBARA
Address: 105 CARYL WAY
City-St-Zip: OLDSMAR, FL

Title: PD ( ) Delete
Name: DUGGAN, DONALD
Address: 149 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Delete
Name: DACOSTA, ROBERT
Address: 244 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: SLAUNWHITE, PHYLLIS
Address: 141 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: THOMAS, BARBARA
Address: 105 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARJORIE J. BROWN AGT 04/12/2008
Electronic Signature of Signing Officer or Director Date