2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738441

FILED Apr 10, 2009 Secretary of State

Entity Name: EAST LAKE WOODLANDS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business: 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: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SD () Delete
 Title:
 TD (X) Change () Addition

 Name:
 SLAUNWHITE, PHYLLIS
 Name:
 SLAUNWHITE, PHYLLIS

 Address:
 141 CARYL WAY
 Address:
 141 CARYL WAY

Address: 141 CARYL WAY Address: 141 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete Title: SD (X) Change () Addition Name: LEIGHTY, BETTY Name: KENADY, VIRGINIA

Address: 107 CARYL WAY Address: 208 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete Title: D (X) Change () Addition

 Name:
 THOMAS, BARBARA
 Name:
 FAULKNER, JOE

 Address:
 105 CARYL WAY
 Address:
 103 CARYL WAY

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 OLDSMAR, FL 34677

Title: PD () Delete Title: () Change () Addition

 Name:
 DUGGAN, DONALD
 Name:

 Address:
 149 CARYL WAY
 Address:

 City-St-Zip:
 OLDSMAR, FL 34677
 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 04/10/2009