

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740100 (3)

1. Corporation Name
EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT THREE, INC.



Principal Place of Business Mailing Address
3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US
P.O. BOX 1448 PALM HARBOR FL 34682-1448 US

3. Date Incorporated or Qualified **09/09/1977** 3a. Date of Last Report **04/25/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	59-1769131		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes to

9. Name and Address of Current Registered Agent
SCANNAVINO, DOMINICK
3490 EAST LAKE ROAD, SUITE C
1212 S. HIGHLAND AVE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTON, RALPH	1.2 NAME	
STREET ADDRESS	110 SYLVIA PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPP, LEWIS	2.2 NAME	BRUEMMER, M. JACQUELINE
STREET ADDRESS	120 SYLVIA PLACE	2.3 STREET ADDRESS	100 SYLVIA PLACE
CITY - ST - ZIP	OLDSMAR, FL 00000	2.4 CITY - ST - ZIP	OLDSMAR FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTHMANN, JEAN	3.2 NAME	
STREET ADDRESS	190 INGRID PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, GERRY	4.2 NAME	
STREET ADDRESS	80 SYLVIA PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODWIN, JAMES	5.2 NAME	BLACKBURN, WILLIAM
STREET ADDRESS	160 INGRID PLACE	5.3 STREET ADDRESS	150 INGRID PLACE
CITY - ST - ZIP	GOLDSMAR FL	5.4 CITY - ST - ZIP	OLDSMAR FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Gerry Walsh* **GERRY WALSH, PRES.** 2/6/97 (813) 786-2381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068587

CR2E037 (9/96)