


FILE NOW: FILING FEE IS \$61.25

FILED

**May 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 AS SOCIATION UNIT THREE, INC.



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

3. Date Incorporated or Qualified 09/09/1977		
4. FEI Number 59-1769131	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	TD
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	DS	2.1 TITLE	
NAME	BRUEMMER, JACQUELINE M	2.2 NAME	
STREET ADDRESS	100 SYLVIA PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
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	4.1 TITLE	
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	D	5.1 TITLE	
NAME	BLACKBURN, WILLIAM	5.2 NAME	
STREET ADDRESS	150 INGRID PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, Pres.* Date: *5/24/98* (813)-786-2381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0088465**

CR2E037 (10/97)