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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740100

1. Corporation Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT ASSOCIATION 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



2. Principal Place of Business

21 1050A EAST LAKE
Suite, Apt. #, etc. WOODLANDS PKWY

2a. Mailing Address

26 1050A EAST LAKE
Suite, Apt. #, etc. WOODLANDS PKWY

3. Date Incorporated or Qualified

09/09/1977

4. FEI Number

59-1769131

Applied For

Not Applicable

City & State

23 OLDSMAR FL

City & State

28 OLDSMAR FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 34677 25

Zip Country

29 34677 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 1050A East Lake Woodlands Pkwy

84 City

OLDSMAR

FL

85 Zip Code

34677

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]*

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE TD DELETE
NAME UPTON, RALPH
STREET ADDRESS 110 SYLVIA PLACE
CITY-ST-ZIP OLDSMAR, FL 00000

TITLE DS DELETE
NAME BRUEMMER, JACQUELINE M.
STREET ADDRESS 100 SYLVIA PL
CITY-ST-ZIP OLDSMAR, FL 00000

TITLE DV DELETE
NAME NOTHMANN, JEAN
STREET ADDRESS 190 INGRID PL
CITY-ST-ZIP OLDSMAR FL

TITLE PD DELETE
NAME WALSH, GERRY
STREET ADDRESS 80 SYLVIA PLACE
CITY-ST-ZIP OLDSMAR FL

TITLE D DELETE
NAME BLACKBURN, WILLIAM
STREET ADDRESS 150 INGRID PLACE
CITY-ST-ZIP OLDSMAR FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Daytime Phone #

CR2E037 (11/98)