

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90875 037 \*\*\*\*61.25

0054732

**DOCUMENT # 740100**

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

Principal Place of Business: **1050A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 US**

Mailing Address: **1050A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 US**

2. Principal Place of Business: [ ] 3. Mailing Address: [ ]

Suite, Apt. #, etc.: [ ] Suite, Apt. #, etc.: [ ]

City & State: [ ] City & State: [ ]

Zip: [ ] Country: [ ] Zip: [ ] Country: [ ]



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1769131** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCANNAVINO, DOMINICK**  
**1050A EAST LAKE WOODLANDS PKWY**  
**OLDSMAR FL 34677**

7. Name and Address of New Registered Agent  
 Name: [ ]  
 Street Address (P.O. Box Number is Not Acceptable): [ ]  
 City: [ ] State: **FL** Zip Code: [ ]

8. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UPTON, RALPH</b>	NAME	
STREET ADDRESS	<b>110 SYLVIA PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR, FL 00000</b>	CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEEHY, DONNA</b>	NAME	
STREET ADDRESS	<b>120 SYLVIA PL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NOTHMANN, JEAN</b>	NAME	<b>PIPE, LOREEN</b>
STREET ADDRESS	<b>190 INGRID PL</b>	STREET ADDRESS	<b>120 INGRID PLACE</b>
CITY-ST-ZIP	<b>OLDSMAR FL</b>	CITY-ST-ZIP	<b>OLDSMAR, FL 34677</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALSH, GERRY</b>	NAME	<b>BENNETT, PATRICIA</b>
STREET ADDRESS	<b>80 SYLVIA PLACE</b>	STREET ADDRESS	<b>60 INGRID PLACE</b>
CITY-ST-ZIP	<b>OLDSMAR FL</b>	CITY-ST-ZIP	<b>OLDSMAR, FL 34677</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKBURN, WILLIAM</b>	NAME	
STREET ADDRESS	<b>150 INGRID PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

**SIGNATURE:** *Ralph Upton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (9/01)