

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90046 009 ****61.25

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**

94016444



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

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 **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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: TD NAME: BACH, MICHAEL STREET ADDRESS: 70 SYLVIA PL CITY-ST-ZIP: OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: SHEEHY, DONNA STREET ADDRESS: 120 SYLVIA PL CITY-ST-ZIP: OLDSMAR FL	<input type="checkbox"/> Delete
TITLE: D NAME: MCGOWAN, JEANNE STREET ADDRESS: 80 INGRID DR CITY-ST-ZIP: OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: BENNETT, PATRICIA STREET ADDRESS: 60 INGRID PLACE CITY-ST-ZIP: OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WILSON, PAT STREET ADDRESS: 60 SYLVIA PL. CITY-ST-ZIP: OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DELAPANE, RUTH STREET ADDRESS: 90 INGRID PL. CITY-ST-ZIP: OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: REYES-ARBLAD, KAY STREET ADDRESS: 115 INGRID PL. CITY-ST-ZIP: OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: LEAHY, HELEN STREET ADDRESS: 70 SYLVIA PL. CITY-ST-ZIP: OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MILLER CAROL STREET ADDRESS: 40 INGRID PL CITY-ST-ZIP: OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowered.

SIGNATURE: Pat Wilson **2-6-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #