2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 740100



1. Entity Name EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS SOCIATION UNIT THREE, INC.						
Principal Place of Business	Mailing Address					
1050A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 US	1050A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 US					
2. Principal Place of Business	3. Mailing Address					

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90558 004 ****61.25

1050A EAST LAKE WOODLANDS PKWY DLDSMAR FL 34677 US		1050A EAST LAKE W OLDSMAR FL 34677 US				 	1811 81811 81811 81811 9	1811 BYBH 1881		
2. Principal F	Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			i.			CHECK HERE IF MA	AKING CHANGE	3		
City & State		City & State	City & State		4. FEI Number 59-1769131			applied For lot Applicable]	
Zip Country		Zip	Cou	ntry			\$8.75 A	88.75 Additional		
	6. Name an	d Address of Curre	ent Registered Agent			7. Name and Addr	ess of New Regist	<u>_</u>		1
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SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677					Street Address (P.O. Box Number is Not Acceptable)					
£		29		į	City			FL Zip Co	de	1
SIGNATURE .		inted name of registered a	gent and title if applicable.	(NOTE: Registered	d Agent signature requi	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE :-		
	FILE NOW: F	EE IS \$61.25		n Campalgn Fl und Contributi		\$5.00 May Be Added to Fees		Check Payable epartment of		
10.	70	OFFICERS AND		11.		ADDITIONS/CHANGE	S TO OFFICERS A] _
TITLE	TD	M I	💢 Delete	TITLE	7/		JOEI	Change	Addition	(10/02
name Street address	UPTON, RALF 110 SYLVIA P			NAME ^eripri	ET ADDRESS	GCH, MILC	P			5
CITY-ST-ZIP	OLDSMAR, FI			•	ST-ZIP	DI ACH, MIC OSYLVIA LOSMAK	41 2	4677		E037
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STREET ADDRESS	120 SYLVIA P			STREE	ET ADDRESS					
CITY-ST-ZIP	OLDSMAR FL			CITY-	-ST-ZIP					
TITLE	VD	_	⊠ Delete	TITLE		- -	The second	☐ Change	☐ Addition	
NAME	PIPE, LOREE			NAME						
STREET ADDRESS CITY-ST-ZIP	120 INGRID P				et address ST-ZIP					
	OLDSMAR FL SD	340//			1.7	D				ł
TITLE NAME	BENNETT, PA	TRICIA	☐ Delete	TITLE NAME	•			Change	☐ Addition	ì
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CITY-ST-ZIP	OLDSMAR FL				ST-ZIP					1
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NAME			_ Bolloto	NAME	m	CGOWAN,	VERNNI	<u> </u>	7	
STREET ADDRESS				STREE	ET ADDRESS	INGRID	pc.			
CITY-ST-ZIP				CITY-	ST-ZIP	COWAN, INGRID LOSMAR,	FL 340	577		
TITLE			☐ Delete	TITLE				Change	☐ Addition	
NAME				NAME	1					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	1			CITY-	ST-ZIP					1

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 removered.

SIGNATURE:

1-16-03