FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744141** **(3)**

1. Corporation Name

EAST LAKE WOODLANDS CONDOMINIUM UNIT TWO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
114 NANCY DR OLDSMAR FL 34677 US	C/O RESOURCE PROPERTY MGMT 1601 EAST BAY DR #4 LARGO FL 34641 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1978
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1874433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 103 Cleveland Ave SW
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Largo, FL
Zip 24 / Country 25	Zip 29 34640 / Country 30 Pinellas

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RESOURCE PROPERTY MGMT 1601 EAST BAY DRIVE SUITE 4 LARGO FL 34641	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 103 Cleveland Avenue SW 83 84 City Largo FL 85 Zip Code 34640

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ABDELLA, JOHN D	1.2 NAME	Sudzina, Ed	
STREET ADDRESS	114 NANCY DR	1.3 STREET ADDRESS	1400 Kinsmere Drive	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	VPD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	FULHAM, PAUL	2.2 NAME	Wehner, Faye	
STREET ADDRESS	112 NANCY DR	2.3 STREET ADDRESS	106 Nancy Drive	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	SMITH, ROBERT	3.2 NAME	Louther, Pat	
STREET ADDRESS	120 NANCY DR	3.3 STREET ADDRESS	135 Caryl Way	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	T	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	MITCHELL, MAY-ETTA	4.2 NAME	Ruser, Sonia	
STREET ADDRESS	125 NANCY DR	4.3 STREET ADDRESS	129 Nancy Drive	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SLEFINGER, GEORGE	5.2 NAME	Slefinger, George	
STREET ADDRESS	123 NANCY DRIVE	5.3 STREET ADDRESS	123 Nancy Drive	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	PLUMMER, WILLIAM	6.2 NAME	Johnson, Phil	
STREET ADDRESS	120 CARYL WAY	6.3 STREET ADDRESS	131 Nancy Drive	
CITY-ST-ZIP	OLDSMAR FL	6.4 CITY-ST-ZIP	Oldsmar, FL 34677	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ed Sudzina E Sudzina Pres. 4/20/95 376-4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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