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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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	103 SW CLEVELAND AVE LARGO FL 34640 US

3. Date Incorporated or Qualified: 09/05/1978

4. FEI Number: 59-1874433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): 905 E. M.L. KING JR DR
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): #227
City & State (23)	City & State (28): TARPON SPRINGS, FL
Zip (24) / Country (25)	Zip (29): 34689 / Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RESOURCE PROPERTY MGMT
103 SW CLEVELAND AVE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUDZINA, ED		1.2 NAME		
STREET ADDRESS	1400 KINSMERE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	WEHNER, FAYE		2.2 NAME	SANTO LOPARO	
STREET ADDRESS	106 NANCY DR		2.3 STREET ADDRESS	132 NANCY DR.	
CITY-ST-ZIP	OLDSMAR FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOUTHER, PAT		3.2 NAME		
STREET ADDRESS	125 CARYL WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSER, SONIA		4.2 NAME		
STREET ADDRESS	129 NANCY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PLUMMER, BILL		5.2 NAME		
STREET ADDRESS	123 NANCY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PHIL		6.2 NAME		
STREET ADDRESS	121 NANCY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: _____