

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744141

1. Entity Name

EAST LAKE WOODLANDS CONDOMINIUM UNIT TWO ASSOCIA

Principal Place of Business

114 NANCY DR  
OLDSMAR FL 34677  
US

Mailing Address

905 E M L KING JR. DR  
#265  
TARPON SPRINGS FL 34689  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1874433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESOURCE PROPERTY MGMT  
905 E. M. L. KING JR DR 265  
TARPON SPGS FL 34689

*Address Change*

Name *C/O Resource Mgmt.*

Street Address (P.O. Box Number is Not Acceptable)  
*103 Cleveland Ave SW*

City *Largo, FL*

FL

Zip Code *33770*

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

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

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

|                |                    |                                            |
|----------------|--------------------|--------------------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> Delete            |
| NAME           | SUDZINA, ED        |                                            |
| STREET ADDRESS | 1400 KINSMERE DR   |                                            |
| CITY-ST-ZIP    | NEW PORT RICHEY FL |                                            |
| TITLE          | SD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | LOPARO, SANTO      |                                            |
| STREET ADDRESS | 132 NANCY DR       |                                            |
| CITY-ST-ZIP    | OLDSMAR FL         |                                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | PENDLETON,         |                                            |
| STREET ADDRESS | 126 NANCY DR       |                                            |
| CITY-ST-ZIP    | OLDSMAR FL         |                                            |
| TITLE          | TD                 | <input type="checkbox"/> Delete            |
| NAME           | RUSER, SONIA       |                                            |
| STREET ADDRESS | 129 NANCY DRIVE    |                                            |
| CITY-ST-ZIP    | OLDSMAR FL         |                                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, PHIL      |                                            |
| STREET ADDRESS | 121 NANCY DRIVE    |                                            |
| CITY-ST-ZIP    | OLDSMAR FL         |                                            |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |                                            |
| STREET ADDRESS |                    |                                            |
| CITY-ST-ZIP    |                    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          | VPO                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tom Petrucci          |                                                                              |
| STREET ADDRESS | 215 Caryl Way         |                                                                              |
| CITY-ST-ZIP    | Oldsmar FL 34677      |                                                                              |
| TITLE          | Phil Russo            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 201 Caryl Way         |                                                                              |
| STREET ADDRESS | Oldsmar FL 34677      |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          | STD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sam Donner            |                                                                              |
| STREET ADDRESS | 232 Caryl Way         |                                                                              |
| CITY-ST-ZIP    | Oldsmar FL 34677      |                                                                              |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John Riley            |                                                                              |
| STREET ADDRESS | 5 Rottington Cottages |                                                                              |
| CITY-ST-ZIP    | Whitehaven, Cuba      |                                                                              |
|                | England CA 94028      |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 148.07(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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90080 022 \*\*\*\*61.25

00056010



DO NOT WRITE IN THIS SPACE