

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744141

FILED
Apr 15, 2003
Secretary of State

Entity Name: EAST LAKE WOODLANDS CONDOMINIUM UNIT TWO ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1874433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPARO, SONNY
Address: 132 NANCY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete
Name: WARACH, BETH
Address: 106 NANCY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: BAXT, JUDITH
Address: 226 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: RUSER, SONIA
Address: 129 NANCY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: SUDZINA, ED
Address: 1400 KINSMERE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: PETRUCCI, THOMAS
Address: 215 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WARACH, BETH
Address: 106 NANCY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: VPD (X) Change () Addition
Name: WOZNICKI, JEFF
Address: 227 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONNY LOPARO

PD

04/15/2003

Electronic Signature of Signing Officer or Director

Date

BILL GAGNON, DIRECTOR
130 CARYL WAY
OLDSMAR, FL 34677