2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747527

FILED Apr 28, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1799-B NORTH BELCHER ROAD 24701 US HIGHWAY 19 N #102 CLEARWATER, FL 33765 US CLEARWATER, FL 33763 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14357

CLEARWATER, FL 33766 US

FEI Number: 59-1954080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMERI-TECH REALTY INC
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

AMERI-TECH REALTY INC
24701 US HIGHWAY 19 N #102
CLEARWATER, FL 33763 US

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: MICHAEL G PEREZ, PRESIDENT 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ARONSON, MARION
 Name:
 BUSCARELLO, ROSE

 Address:
 208 MARTHA LANE
 Address:
 107 MARTHA LANE

 City-St-Zip:
 OLDSMAR, FL
 City-St-Zip:
 OLDSMAR, FL

Title: VPD () Delete Title: VPD (X) Change () Addition Name: LAZZELL, DAVID Name: ROY, ROLAND

Address: 204 MARTHA LANE Address: 108 MARTHA LANE
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete Title: () Change () Addition

 Name:
 DEUTSCH, LOUIS
 Name:

 Address:
 308 MARTHA LANE
 Address:

 City-St-Zip:
 OLSDMAR, FL
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 HOWELL, MARILYN
 Name:

 Address:
 110 MARTHA LN.
 Address:

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 KELLER, MARIA
 Name:

 Address:
 101 MARTHA LN
 Address:

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARILYN HOWELL PD 04/28/2009