



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90020 047 \*\*\*\*61.25

<b>DOCUMENT # 750679</b> 1. Entity Name <b>EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM UNIT ONE ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O HERITAGE PROPERTY MGMT 3974 TAMPA RD SUITE C OLDSMAR, FL 34677 US</b>			Mailing Address <b>3684 TAMPA RD STE 106 OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3684 TAMPA RD</b> Suite, Apt. #, etc. <b>SUITE 6</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>OLDSMAR FL</b>			
Zip <b>34677</b>		Country <b>USA</b>		4. FEI Number <b>59-1963753</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GALBRAITH, CHARLAJ C/O HERITAGE PROPERTY MANAGEMENT, INC. 3684 TAMPA RD, STE 106 OLDSMAR, FL 34677</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>VD</b> NAME <b>ROBERTS, FRED</b> STREET ADDRESS <b>156 CYPRESS LN</b> CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>DP</b> NAME <b>Arlene Rosenthal</b> STREET ADDRESS <b>209 Cypress Lane</b> CITY-ST-ZIP <b>Oldsmar, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>SOUTHAM, GORDON</b> STREET ADDRESS <b>245 CYPRESS LN</b> CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>DVP</b> NAME <b>Barbara Pizzi</b> STREET ADDRESS <b>225 Cypress Lane</b> CITY-ST-ZIP <b>Oldsmar, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>PD</b> NAME <b>BRASH, ROBERT D</b> STREET ADDRESS <b>240 CYPRESS LANE</b> CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Adam Makas</b> STREET ADDRESS <b>246 Cypress Lane</b> CITY-ST-ZIP <b>Oldsmar, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>FORD, ANDREW</b> STREET ADDRESS <b>224 CYPRESS LN</b> CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>NEENAN, KENNETH</b> STREET ADDRESS <b>205 CYPRESS LN</b> CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Eileen M. Lyman</b> STREET ADDRESS <b>146 Cypress Lane</b> CITY-ST-ZIP <b>Oldsmar, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Trudy Miner</b> STREET ADDRESS <b>131 Cypress Lane</b> CITY-ST-ZIP <b>Oldsmar, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Barbara J. Pizzi Vice-President 3/12/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					