


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90180 031 ****61.25

DOCUMENT # 751921

1. Entity Name
 EAST LAKE WOODLANDS CYPRESS ESTATES
 CONDOMINIUM UNIT THREE ASSOCIATION, INC.



Principal Place of Business C/O HARRY HARABB CPA 935 MAIN ST, STE D1 SAFETY HARBOR, FL 34695 US	Mailing Address C/O HARRY HARABB CPA 935 MAIN ST, STE D1 SAFETY HARBOR, FL 34695 US
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40080140



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1988531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RABB, HARRY H CPA
 935 MAIN ST.
 STE. D-1
 SAFETY HARBOR, FL 34695

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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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BANNEN, DAVID 110 PINE CT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEMER, LISA 102 CYPRESS CT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTMER, MILTON 111 CYPRESS COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEHLING, GLORIA 134 CYPRESS CT. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, BOB 205 PINE CT. OLDSMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, CATHERINE 119 PALMETTO CT. OLDSMAR, FL

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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.

SIGNATURE: Robert Turner **ROBERT TURNER** 3/1/07 727-725-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #