

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751922

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: EAST LAKE WOODLANDS CYPRESS ESTATES 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: 59-1988536

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 US

**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: D ( ) Delete  
Name: VANSHAIK, JOHN  
Address: 279 CYPRESS LANE  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: ROSETTI, LORNA  
Address: 296 CYPRESS LANE  
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete  
Name: LEVEROCK, JAMES  
Address: 111 W CYPRESS COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete  
Name: WEIGAND, WALTER  
Address: 119 W CYPRESS COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: SD ( ) Delete  
Name: LEVEROCK, CHARLOTTE  
Address: 111 W CYPRESS COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete  
Name: VANSCHAIK, PATRICIA  
Address: 120 CYPRESS LANE  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: JARAE, LAUREN  
Address: 2218 WINDSONG COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

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

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 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: WALTER WEIGAND

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date