

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751923 (4)

1. Corporation Name

EAST LAKE WOODLANDS CONDOMINIUM UNIT FIVE ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:43

Principal Place of Business

Mailing Address

1801 PEPPERTREE DRIVE
OLDSMAR FL 34677
US

1801 PEPPERTREE DRIVE
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1980

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1988534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, MARJORIE J.
% CALIBER CONDO MGT. INC.
1801 PEPPERTREE DRIVE
OLDSMAR FL 34677

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WEISS, DENNIS
STREET ADDRESS	103 LAKEVIEW CT.
CITY - ST - ZIP	OLDSMAR, FL 00000
TITLE	VPD
NAME	KUEHNLE, GLEN
STREET ADDRESS	107 LAKEVIEW CT.
CITY - ST - ZIP	OLDSMAR, FL 00000
TITLE	DT
NAME	TAYLOR, A.W. JR.
STREET ADDRESS	102 LAKEVIEW PLACE
CITY - ST - ZIP	OLDSMAR FL
TITLE	D
NAME	WAGNER, RICHARD
STREET ADDRESS	161 LAKEVIEW WAY
CITY - ST - ZIP	OLDSMAR FL
TITLE	D
NAME	LANDRY, RONALD J
STREET ADDRESS	175 LAKEVIEW WAY
CITY - ST - ZIP	OLDSMAR FL
TITLE	D
NAME	MIRABILIO, ALICE
STREET ADDRESS	153 LAKEVIEW WAY
CITY - ST - ZIP	OLDSMAR FL

1.1 TITLE	SD	☒ Change ☐ Addition
1.2 NAME	HARDWICK, ROGER	
1.3 STREET ADDRESS	108 LAKEVIEW CT	
1.4 CITY - ST - ZIP	OLDSMAR FL 34677	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	PUCHALSKI, DON	
2.3 STREET ADDRESS	157 LAKEVIEW WAY	
2.4 CITY - ST - ZIP	OLDSMAR, FL 34677	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	FLEMING, DAVID	
3.3 STREET ADDRESS	112 LAKEVIEW PLACE	
3.4 CITY - ST - ZIP	OLDSMAR FL 34677	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	NAIRN, BRIAN	
4.3 STREET ADDRESS	107 LAKEVIEW PLACE	
4.4 CITY - ST - ZIP	OLDSMAR FL 34677	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Alice Mirabilio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICE MIRABILIO, PRES

3/24/95

(813) 454-3177