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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751923

1. Corporation Name

EAST LAKE WOODLANDS CONDOMINIUM UNIT FIVE ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
1801 PEPPERTREE DRIVE OLDSMAR FL 34677 US	1801 PEPPERTREE DRIVE OLDSMAR FL 34677 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/08/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1988534 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HARDWICK, ROGER		1.2 NAME	DILIETO, GEORGE	
STREET ADDRESS	108 LAKEVIEW CT		1.3 STREET ADDRESS	172 LAKEVIEW WAY	
CITY-ST-ZIP	OLDSMAR, FL 00000		1.4 CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PUCHALSKI, DON		2.2 NAME	HANDFIELD, RAY	
STREET ADDRESS	157 LAKEVIEW WAY		2.3 STREET ADDRESS	115 LAKEVIEW WAY	
CITY-ST-ZIP	OLDSMAR, FL 00000		2.4 CITY-ST-ZIP	P;DS,AR F; 34677	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRADSHAW, LESTER		3.2 NAME		
STREET ADDRESS	165 LAKEVIEW WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WAGNER, RICHARD		4.2 NAME		
STREET ADDRESS	161 LAKEVIEW WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	LANDRY, RONALD J		5.2 NAME		
STREET ADDRESS	175 LAKEVIEW WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHELDEN, JAMES		6.2 NAME		
STREET ADDRESS	163 LAKEVIEW WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/26/99 813/854-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #