2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 751923** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name EAST LAKE WOODLANDS CONDOMINIUM UNIT FIVE ASSOCI 04-18-2000 90163 015 ****61.25 Principal Place of Business Mailing Address 1801 PEPPERTREE DRIVE 1801 PEPPERTREE DRIVE OLDSMAR FL 34677-2741 OLDSMAR FL 34677 しひひりならるむ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 32708 32<u>708</u> City & State 4. FEI Number Applied For 59-1988534 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 34684 84 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ess (P.O. Box Number is Not Accept BROWN, MARJORIE J. ALIBER % CALIBER CONDO MGT. INC. 1801 PEPPERTREE DRIVE Zip Code OLDSMAR FL 34677 *34684* 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. SIGNATURE MARTORIE BROWK FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TIT! F ☐ Delete TITLE S.D Change NAME HARTIGAN EVELYN NAME DILIETO, GEORGE STREET ADDRESS 148 LAKEVIEW WAY STREET ADDRESS 172 LAKEVIEW WAY CITY-ST-ZIP OLDSMAR FL CITY-ST-ZIP OLDSMAR FL 34677 ☐ Change Addition TITLE 💢 Delete TITLE HEIGHT, MARK NAME HANDFIELD, RAY NAME STREET ADDRESS 176 LAKEVIEW WAY STREET ADDRESS 115 LAKEVIEW WAY CITY-ST-7IP OLDSMAR- FL. CITY-ST-ZIP_ OLDSMAR FL-34677 PD Change TITLE TITLE X Delete BERMAN, GIL NAME BRADSHAW, LESTER NAME 160 LAKEVIEW WAY STREET ADDRESS STREET ADDRESS 165 LAKEVIEW WAY CITY-ST-7IP CITY-ST-ZIP OLDS MAR 34677 OLDSMAR FL 🔀 Change ☐ Addition SD ☐ Delete TITLE Wagner, Richard NAME STREET ADDRESS 161 LAKEVIEW WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL TD Delete Change Addition TITLE Landry, Ronald J MASON, JAMES NAME NAME STREET ADDRESS 175 LAKEVIEW WAY STREET ADDRESS 154 LAKEVIEW WAY CITY-ST-ZIP OLDSMAR FL CITY-ST-ZIP 34677 OLDS MAR FL **≭**Delete ☐ Change Addition TITLE TITLE TAY TAVALARO WHELDEN, JAMES NAME NAME

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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

163 LAKEVIEW WAY

OLDSMAR FL

STREET ADDRESS

CITY-ST-7IP

US

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLDSMAR FL

Date

Daytime Phone #