

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756338

FILED
Mar 17, 2006
Secretary of State

Entity Name: EAST LAKE WOODLANDS CONDOMINIUM UNIT SIX ASSOCIATION, INC.

Current Principal Place of Business:

32708 US 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O CALIBER MGMT
32708 US 19 NORTH
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2065204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARJORIE J
C/O CALIBER CONDO MGMT INC
32708 US 19 NORTH
PALM HARBOR, FL 34684 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: VD () Delete
Name: KOUSSAS, GEORGE
Address: 102 LAKESIDE CT
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: LENTZ, JACK
Address: 161 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: KOCH, RICHARD
Address: 158 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

Title: PD () Delete
Name: WILLIAMS, DENNIS
Address: 145 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: WATSON, STEPHEN
Address: 163 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GONNERING, NICHOLAS
Address: 127 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

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

Title: SD (X) Change () Addition
Name: WATSON, STEPHEN
Address: 163 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

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: MARJORIE J. BROWN

RA

03/17/2006

Electronic Signature of Signing Officer or Director

Date