

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# 756338

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

**Current Principal Place of Business:**

32712 US 19 NORTH  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CALIBER MGMT  
32712 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  
32712 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: D ( ) Delete  
Name: GONNERING, NICHOLAS  
Address: 127 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: SD ( ) Delete  
Name: WATSON, STEPHEN  
Address: 163 LAKESIDE DR  
City-St-Zip: OLDSMAR, FL 34677

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

Title: SD (X) Change ( ) Addition  
Name: WYNN, BRIAN  
Address: 164 LAKESIDE DR  
City-St-Zip: OLDSMAR, FL 34677

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: VD (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 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AGT

04/15/2009

\_\_\_\_\_  
Date