2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768662

City-St-Zip:

FILED Apr 18, 2007 Secretary of State

Entity Name: EAST LAKE WOODLANDS WOODLAKE RUN CONDOMINIUM UNIT ONE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779 FEI Number: 59-2304085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W. SR 434 -STE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LANGER, PETER REININGA, PERRY Name: Name: 3380 TAMPA RD Address: 331 WOODLAKE WYNDE Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: OLDSMAR, FL 34677 Title: VPD Title: () Delete () Change () Addition FREKO, DON Name: Name: Address: 101 WOODLAKE LN Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: STD () Delete Title: () Change () Addition STANBURY, GEORGE Name: Name: Address: 63204 WEST CHARLESTON Address: City-St-Zip: WASHINGTON TOWNSHIP, MI 48095 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: UMSWORTH, PEGGY Name: BECKER, RICHARD 245 WOODLAKE WYNDE 269 WOODLAKE WYNDE Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677 Title: () Delete Title: (X) Change () Addition HIBBS, TED HIBBS, TED Name: Name: 303 WOODLAKE WYNDE 303 WOODLAKE WYNDE Address: Address: City-St-Zip: OLDSMAR, FL City-St-Zip: OLDSMAR, FL 34677 Title: () Delete Title: () Change (X) Addition PARLIMAN, BRADLEY Name: Name: Address: Address: 94 STONEHOUSE RD #14

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.

City-St-Zip:

COVENTRY, CT 06238

SIGNATURE: PERRY REININGA PD 04/18/2007