

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768662

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2304085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434 -STE 5000
LONGWOOD, FL 32779 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: D () Delete
Name: SIMONETTI, JOHN
Address: 2380 W 130TH ST
City-St-Zip: BRUNSWICK HILLS, OH 44212

Title: TD () Delete
Name: FREKO, DON
Address: 101 WOODLAKE LN
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: STANBURY, GEORGE
Address: 228 WOODLAKE WYNDE
City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete
Name: BECKER, RICHARD
Address: 269 WOODLAKE WYNDE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: FORTE, DAVE
Address: 13883 JAY COURT NE
City-St-Zip: BEMIDJI, MN 56601

Title: PD () Delete
Name: PARLIMAN, BRADLEY
Address: 94 STONEHOUSE RD #14
City-St-Zip: COVENTRY, CT 06238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: REININGA, PETE
Address: 200 INGRID PL
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: PD (X) Change () Addition
Name: PARLIMAN, BRADLEY
Address: 314 WOODLAKE WYNDE
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: BRAD PARLIMAN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date