2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769748

FILED Jan 14, 2009 Secretary of State

Entity Name: EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

720 BROOKER CREEK BLVD #206 OLDSMAR, FL 34677

New Mailing Address: Current Mailing Address:

720 BROOKER CREEK BLVD #206 OLDSMAR, FL 34677

FEI Number: 59-2356583 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:

SCANNAVINO INC 720 BROOKER CREEK BLVD #206 OLDSMAR, FL 34677 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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WININGER, BETH Name: 1284 GREYBROOKE PLACE Address: City-St-Zip: OLDSMAR, FL 34677

OLDSMAR, FL 34677

Title: () Delete KUTCHINS, BRYAN Name: Address: 1394 RIVER OAKS CT.

Title: PD() Delete GAURON, JUDY Name: Address: 885 LUCAS LANE

City-St-Zip: OLDSMAR, FL 34677 Title: () Delete GILSDORF, NORMAN Name:

325 S BOULEVARD Address: City-St-Zip: TAMPA, FL 33606 Title: DS () Delete

BARNETT, CHARLES Name: 4787 LAKESHORE LOOP Address: City-St-Zip: OLDSMAR, FL 34677

Title: () Delete FOSBROOK, JUDY Name: Address: 90 ARBOR LANE OLDSMAR, FL 34677 City-St-Zip:

(X) Change () Addition

PAPA, SUSANNE Name:

Address: 4750 STONEVIEW CIRCLE City-St-Zip: OLDSMAR, FL 34677

Title: (X) Change () Addition

Name: FOSBROOK, JUDITH Address: 90 ARBOR LANE City-St-Zip: OLDSMAR, FL 34677

Title: (X) Change () Addition

KAHN, HOWARD Name: 2195 WARWICK DRIVE Address: City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change () Addition

Name: BARNETT, CHARLES 4787 LAKE SHORE LOOP Address: City-St-Zip: TAMPA, FL 34677

Title: (X) Change () Addition

GILSDORF, NORMAN Name: 105 DEERPATH Address: City-St-Zip: OLDSMAR, FL 34677

Title: (X) Change () Addition

FLETCHER, JACQUELINE Name: Address: 150 POOLE PLACE OLDSMAR, FL 34677 City-St-Zip:

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: JUDITH FOSBROOK PD 01/14/2009