

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769748

FILED
Feb 08, 2011
Secretary of State

Entity Name: EAST LAKE WOODLANDS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2356583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO INC
720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677 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: PD
Name: FOSBROOK, JUDY
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: VD
Name: PAPA, SUSANNE
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: SD
Name: KAHN, HOWARD
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: TD
Name: CRANK, KEITH
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: FAIRMAN, CHUCK
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: FLETCHER, JACQUELINE
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: JUDY FOSBROOK

PD

02/08/2011

Electronic Signature of Signing Officer or Director

_____ Date