

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02780 (7)**

1. Corporation Name
EAST LAKE WOODLANDS REALTY COMPANY



Principal Place of Business	Mailing Address
1050 E LAKE WOODLANDS PKWY P.O. BOX 860 PALM HARBOR FL 34682-7860	1050 E LAKE WOODLANDS PKWY P.O. BOX 860 PALM HARBOR FL 34682-7860

3. Date Incorporated or Qualified 10/22/1980	3a. Date of Last Report 03/27/1995
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2. Principal Place of Business	2a. Mailing Address
21	26 520 Broad Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Newark, NJ
Zip	Country
24	25
29 07102-3111	30 Essex

4. FEI Number 22-2448570	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEAS, WILLIAM J.
2215 RIVER BLVD.
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALENAS, ANDREW P.	1.2 NAME	
STREET ADDRESS	520 BROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, WILLIAM E.	2.2 NAME	
STREET ADDRESS	520 BROAD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, MICHAEL S.	3.2 NAME	
STREET ADDRESS	520 BROAD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ARTHUR M.	4.2 NAME	
STREET ADDRESS	1050 E LAKE WOODLANDS PK	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, WILLIAM A	5.2 NAME	Thomas Morgan
STREET ADDRESS	520 BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPITELLO, YVONNE M	6.2 NAME	
STREET ADDRESS	520 BROAD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

201-481-8167

Daytime Phone #

CR2E034 (12/95)