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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1, Corporation Name F02780

(7)

EAST LAKE WOODLANDS REALTY COMPANY

Principa! Place of Business Mailing Address						i tobiyadı işti dalişê ilêli ifbâli if	AN DON DEDEK D		. OJOH DIBIL BIBIL BODI	
P.O. BOX 80		1050 E LAKE WOODLANDS PKWY P.O. BOX 860 PALM HARBOR FL 34682-7860								
PALM HARBOR FL 34682-7860		FALM PAINDUR FL 04002-7000		l l	ricorporated or Qualified 0/22/1980	d 3a. Date of Last Report 03/27/1995				
2. Principal Plac	ce of Business	2a. Mailing Address			l l	4. FEI Number Applied For				
21						22-2448570 X Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	27			5. Certificate of Status Desired XX \$8.75 Additional Fee Required				
City & State		City & State 28 Newark, No	h			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Ziş>	Country	Zip	Country		8. This c	8. This corporation has liability for intangible tax under s 199.032,				
24	25		2-3111 30 Essex			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curr	ent Hegistered Agent		31 Name		and Address of New R	egistered A	Agent		
	IANI 1 1 4 4 4 4 4		[*	Name						
	William J. Iver Blyd.		1	Street	Address (P.O. Box Number is Not Acceptable)					
JACKS	ONVILLE FL 32204		Ī	33						
			Ī	34 City			FL	85	Zip Code	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the abov	e-named o	orporation submits	this statement for the nur		naina it	s registered office	
or registered	d agent, or both, in the State of Flo , and accept the obligations of, Se	orida. Such change was authorized	by the co	rporation's	board of directors	. Thereby accept the appoint	pintment as	register	ed agent. I am	
SIGNATURE	gnature, typed or printed name of registered ag	cot and title if any licable (NOTE-	Bouletoned I	nont ciavatus.	required when reinstating:		DATE			
12.		OFFICERS AND DIRECTORS 1		gon signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			TORS IN 12		
TITLE	D	☐ DELETE	1, 1 707	_E	T			Chang		
NAME	GALENAS, ANDREW P.		1.2 NA	1E						
STREET ADDRESS	520 BROAD ST	520 BROAD ST 1.		STREET ADDRESS						
CITY-SI-ZIP	NEWARK NJ		1.4 CIT	-S1-ZIP						
TITLE	S	DELETE	2 1 11	.ŧ				Chang	ge 🔲 Addition	
NAME	weiss, william e.	•		16						
STREET ADDRESS	520 BROAD ST		2 3 STR	EET ADDRESS						
CITY-ST-ZIP	NEWARK NJ			- SI - ZIP	ļ					
TITLE	VD	☐ DELETE	3 1 117] Chang	ge 🔲 Add tion	
NAME	RYAN, MICHAEL S.		3 2 NAM							
STREET ADDRESS	520 BROAD ST			EET ADDRESS					ļ	
CITY-ST-ZIP TITLE	NEWARK NJ	☐ DELETE	3.4 CIT	-ST-ZIP			r-	Chace	n	
NAME	v Miller, arthur M.			-			L	Chang	e 🗌 Addition	
STREET ADDRESS	1050 E LAKE WOODLAN	në pir	4.2 NAN	EET ADORESS						
1	PALM HARBOR FL	אס רת								
CHTY - ST - ZIP TITLE	T TALM HANDON I'L	DELETE	5. 1 Til	r - S1 - ZIP			J	Chang	e Addition	
NAME	FINELLI, WILLIAM A	X	5.2 NAM		T	Manae-	Х	**		
STREET ADDRESS	520 BROAD STREET			EET ADDRESS	Thomas	Morgan				
CITY-ST-ZIP	NEWARK NJ			'- \$T-2IP						
TITLE	PD	☐ DELETE	6 1 7(1		 			Chang	e Addition	
NAME	COMPITELLO, YVONNE N		6.2 NAM				_	_ "	_	
STREET ADDRESS	520 BROAD STREET	-		EET ADDRESS						
CITY - ST - ZIP	NEWARK NJ			'- 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 eath; 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: _

Welliem Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 201-481-8167