

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 030 ****61.25

DOCUMENT # N07776 1. Entity Name EAST LAKE WOODLANDS PINEWINDS CLUSTER HOMES UNIT ONE ASSOCIATION, INC.			
Principal Place of Business 1050 A ELW PKWY OLDSMAR, FL 34677		Mailing Address 1050 A ELW PKWY OLDSMAR, FL 34677	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address	
720 Brooker Creek Blvd. #206		Oldsmar, FL 34677	
City & State		Country	
Zip		4. FEI Number 59-2517414	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee Required		02222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050 A ELW PKWY OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name Street Addr Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 City	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDLER, RICHARD 220 PINEWINDS BLVD OLDSMAR, FL 34677	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, DICK 20 SUMMERWIND LN OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, JOHN 40 PINEWINDS BLVD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, CLYDE 30 MORNING DOVE PLACE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, RAMONA 80 PINEWINDS BLVD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARRING KAY 50 PINEWINDS BLVD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVERMAN, HENRIETTA 100 SUMMERWIND LANE OLDSMAR, FL 34677	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.			
SIGNATURE:		3-22-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>			