

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740100

**Entity Name:** EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT THREE, INC.

**FILED  
Feb 13, 2017  
Secretary of State  
CC5947848994**

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD  
206  
OLDSMAR, FL 34677

**Current Mailing Address:**

720 BROOKER CREEK BLVD  
206  
OLDSMAR, FL 34677 US

**FEI Number: 59-1769131**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DEVLIN, WILLIAM  
Address 720 BROOKER CREEK BLVD.  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name LEAHY, DIANE  
Address 720 BROOKER CREEK BLVD  
206  
City-State-Zip: OLDSMAR FL 34677

Title VD  
Name MASHBURN, CAROL  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title TD  
Name REYES-AXELROD, KAY  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title SD  
Name JOSEPH , GOMBOS  
Address 720 BROOKER CREEK BLVD  
206  
City-State-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: WILLIAM DEVLIN**

**PRESIDENT**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date