## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010266

Entity Name: ELLIS PARK COMMUNITY ASSOCIATION, INC.

FILED Feb 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5800 N.W. 39TH AVENUE 5800 N.W. 39TH AVENUE

GAINESVILLE, FL 32606 SUITE 101

GAINESVILLE, FL 326066972 US

Current Mailing Address: New Mailing Address:

5800 N.W. 39TH AVENUE 5800 N.W. 39TH AVE

GAINESVILLE, FL 32606 STE 101

GAINESVILLE, FL 326066972 US

FEI Number: 51-0494181 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOWERS, PAUL D 5800 N.W. 39TH AVENUE 5800 N.W. 39TH AVENUE

GAINESVILLE, FL 32606 SUITE 101
GAINESVILLE, FL 326066972 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: PAUL D BOWERS 02/02/2004

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 GREER, JOHN W III
 Name:
 GREER, JOHN W III

 Address:
 5800 N.W. 39TH AVENUE SUITE 101
 Address:
 5800 N.W. 39TH AVENUE SUITE 101

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 326066972 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: WAUCH, TIM Name: WAUCH, TIM W

 Address:
 5800 N.W. 39TH AVENUE SUITE 101
 Address:
 5800 N.W. 39TH AVENUE SUITE 101

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 326066972 US

Name: BOWERS, PAUL Name: BOWERS, PAUL D

 Address:
 5800 N.W. 39TH AVENUE SUITE 101
 Address:
 5800 N.W. 39TH AVENUE SUITE 101

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 326066972 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL D BOWERS D 02/02/2004