

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08893

FILED
Apr 17, 2005
Secretary of State

Entity Name: ELYSIAN FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8146 ELYSIAN WAY
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

8146 ELYSIAN WAY
TALLAHASSEE, FL 32311 US

New Mailing Address:

FEI Number: 59-2839942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, FRANK
8146 ELYSIAN CT
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILMORE, FRANK
Address: 8146 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD () Delete
Name: RAKESTRAW, CAROLYN
Address: 3746 ELYSIAN COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD () Delete
Name: DUBOIS, JUNE P
Address: 3981 ELYSIAN CT
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: RECLUSADO, DENNIS
Address: 8188 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DUBOIS, JANE P
Address: 3981 ELYSIAN CT
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: P. JANE DUBOIS

PD

04/17/2005

Electronic Signature of Signing Officer or Director

_____ Date