

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08893

FILED
Mar 30, 2009
Secretary of State

Entity Name: ELYSIAN FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3981 ELYSIAN COURT
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

8149 ELYSIAN WAY
TALLAHASSEE, FL 32311 US

Current Mailing Address:

3981 ELYSIAN COURT
TALLAHASSEE, FL 32311 US

New Mailing Address:

8149 ELYSIAN WAY
TALLAHASSEE, FL 32311 US

FEI Number: 59-2839942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOIS, DAVID
3981 ELYSIAN COURT
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

CAMPBELL, DANA
8149 ELYSIAN WAY
TALLAHASSEE, FL 32311 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: DANA CAMPBELL

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUBOIS, DAVID
Address: 3981 ELYSIAN COURT
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, P. JANE
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: PD (X) Change () Addition
Name: CAMPBELL, DANA
Address: 8149 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: PD (X) Change () Addition
Name: LEWIS, SHANNA
Address: 8160 ELYSIAN WAY
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 exemption stated 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 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: DANA CAMPBELL

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date