

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008135

**Entity Name:** ELLINGSWORTH RESIDENTIAL COMMUNITY ASSOCIATION, INC.**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**3393872390CC****Current Principal Place of Business:**71 S. CENTRAL AVE  
OVIEDO, FL 32765**Current Mailing Address:**71 S. CENTRAL AVE  
OVIEDO, FL 32765 US**FEI Number: 38-3919180****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SPECIALISTS, INC  
71 S. CENTRAL AVE  
OVIEDO, FL 32765 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: KEVIN DAVIS****03/31/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** PANKO, MIKE  
**Address** 71 S. CENTRAL AVE  
**City-State-Zip:** OVIEDO FL 32765**Title** VP  
**Name** ZDRALIC, HARIS  
**Address** 71 S. CENTRAL AVE  
**City-State-Zip:** OVIEDO FL 32765**Title** TREASURER  
**Name** HAGEN, DAVID  
**Address** 71 S. CENTRAL AVE  
**City-State-Zip:** OVIEDO FL 32765**Title** DIRECTOR  
**Name** ABUALSAMID, AHMAD  
**Address** 71 S. CENTRAL AVE  
**City-State-Zip:** OVIEDO FL 32765**Title** SECRETARY  
**Name** CASALS, LUIS  
**Address** 71 S. CENTRAL AVE  
**City-State-Zip:** OVIEDO FL 32765

*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: MIKE PANKO****PRESIDENT****03/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date