

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:37

DOCUMENT # 736020 (9)

1. Corporation Name

ELLEN BEACH PARK HOME OWNERS', INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1976 3a. Date of Last Report 02/16/1994

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business Mailing Address
3424 STALL ROAD 3424 STALL ROAD
TAMPA FL 33618 TAMPA FL 33618

2. Principal Place of Business 2a. Mailing Address
21 3414 Stall Rd 26 3414 Stall Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ECKHART, ZELMA
3424 STALL RD
TAMPA FL 33618
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	DAVIS, JEFFREY	1.2 NAME	Michael Lewis
STREET ADDRESS	3436 STALL RD	1.3 STREET ADDRESS	3425 Stall Rd
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	Tampa, FL 33618
TITLE	DP	2.1 TITLE	William Doyle Director ☐ Change ☒ Addition
NAME	HARPER, BILL	2.2 NAME	William Doyle
STREET ADDRESS	3414 STALL RD	2.3 STREET ADDRESS	3428 Stall Rd.
CITY - ST - ZIP	TAMPA, FL 00000	2.4 CITY - ST - ZIP	Tampa FL 33618
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COYLE, EMILY	3.2 NAME	
STREET ADDRESS	3420 STALL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GARTHWAITE, EDDIE	4.2 NAME	
STREET ADDRESS	3410 STALL RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	4.4 CITY - ST - ZIP	
TITLE	TDS	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JAMES	5.2 NAME	
STREET ADDRESS	3430 STALL ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ECKHART, ZELMA	6.2 NAME	
STREET ADDRESS	3424 STALL ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Miller James E. Miller 5/10/95 013 985-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type)