

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 736020

1. Entity Name  
ELLEN BEACH PARK HOME OWNERS', INC.



Principal Place of Business  
3425 STALL RD  
TAMPA, FL 33618 US

Mailing Address  
3425 STALL RD  
TAMPA, FL 33618 US

FILED  
May 26, 2004 08:00 AM  
Secretary of State



03312004 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

LEWIS, MICHAEL  
3425 STALL RD  
TAMPA, FL 33618

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEWIS, MICHAEL 3425 STALL RD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COYLE, EMILY 3420 STALL RD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DAVIS, GEOFFREY 2905 W SITIOS STREET TAMPA, FL 33618

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05/26/04-80001-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Lewis* MICHAEL LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 14 04*

Date

*813 969 0842*

Daytime Phone #