

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90028 006 ****61.25

DOCUMENT # 740726

1. Entity Name

THE ELY ESTATES TENANT ORGANIZATION, INC.



Principal Place of Business

1620 NW 6TH AVENUE
POMPANO BEACH FL 33060
US

Mailing Address

1651 N.W. 6 AVE., #55
POMPANO BEACH FL 33060
US

94052495



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEATH, WILLIE H
1651 N.W. 6 AVE., #55
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OLIVER, CHARLOTTE ☐ Delete
STREET ADDRESS 1640 N.W. 7TH AVE.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VD
NAME MCGILL, LILLIAN ☐ Delete
STREET ADDRESS 550 NW 16TH PL
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD
NAME SMITH, ANNIE L. ☐ Delete
STREET ADDRESS 541 N.W. 16 CT.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE DS
NAME HEATH, WILLIE R ☐ Delete
STREET ADDRESS 1651 N.W. 6 AVE.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE AS
NAME MACK, PAT ☒ Delete
STREET ADDRESS 510 N.W. 16 COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Addition
NAME DELOIS CLARK
STREET ADDRESS 1630 NW 16 COURT APT 4
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Willie Ruth Heath Willie Ruth Heath 4/10/04 (954) 346-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EXE 338