

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 740726

1. Entity Name

THE ELY ESTATES TENANT ORGANIZATION, INC.

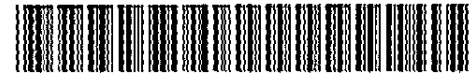


Principal Place of Business

1620 NW 6TH AVENUE
POMPAÑO BEACH FL 33060
US

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

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, 2006

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

TITLE VD ☐ Delete
NAME WESTBROOK, EMMA
STREET ADDRESS 541 NW 16 PLACE #74
CITY- ST- ZIP POMPAÑO BEACH FL 33060

TITLE TD ☐ Delete
NAME HOLMES, CARRIE
STREET ADDRESS 611 NW 16 COURT #54
CITY- ST- ZIP POMPAÑO BEACH FL 33060

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

TITLE AS ☐ Delete
NAME CLARK, DELOIS
STREET ADDRESS 630 NW 16 COURT, APT. 4
CITY- ST- ZIP POMPAÑO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000436002
CITY- ST- ZIP 02/27/06-80019-002 70.00

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

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Handwritten signature and date: 3/1/06, 744 31 #A Willie R # 11 # 02/27/06-80019-002 70.00