

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746949

FILED
Jan 22, 2008
Secretary of State

Entity Name: ELMWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

520 S. MAGNOLIA AVE.
ATTN: TOM TRAINER
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

520 S. MAGNOLIA AVE.
ATTN: TOM TRAINER
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRAINER, THOMAS M
520 S. MAGNOLIA AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAINER, THOMAS M
Address: 520 S. MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32801

Title: VPTD () Delete
Name: SIMPSON, ROBERT C
Address: 1020 LANCASTER DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: VPD () Delete
Name: SARGENT, SUSAN
Address: 1102 ELMWOOD ST., APT. A
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: STEVENS, TRACY S
Address: 6240 BLAKEFORD DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS M. TRAINER

PD

01/22/2008

Electronic Signature of Signing Officer or Director

Date