

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 08, 2011
Secretary of State

DOCUMENT# 746949

Entity Name: ELMWOOD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3728 ROSE OF SHARON DRIVE
ATTN: TOM TRAINER
ORLANDO, FL 32808**New Principal Place of Business:**1020 LANCASTER DRIVE
ORLANDO, FL 32806**Current Mailing Address:**3728 ROSE OF SHARON DRIVE
ATTN: TOM TRAINER
ORLANDO, FL 32808**New Mailing Address:**6110 DEVILS HOLLOW ROAD
FORT WAYNE, IN 46814**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRAINER, THOMAS M
3728 ROSE OF SHARON DRIVE
ORLANDO, FL 32808 US**Name and Address of New Registered Agent:**SIMPSON, ROBERT C
1020 LANCASTER DRIVE
ORLANDO, FL 32806 US

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: ROBERT C SIMPSON

08/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPTD
Name: TRAINER, THOMAS M
Address: 1102 ELMWOOD ST APT G
City-St-Zip: ORLANDO, FL 32801

Title: PD
Name: SIMPSON, ROBERT C
Address: 1020 LANCASTER DRIVE
City-St-Zip: ORLANDO, FL 32806

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C SIMPSON

PD

08/08/2011

Electronic Signature of Signing Officer or Director

Date