

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746949

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** ELMWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1020 LANCASTER DRIVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

6110 DEVILS HOLLOW ROAD  
FORT WAYNE, IN 46814

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMPSON, ROBERT C  
1020 LANCASTER DRIVE  
ORLANDO, FL 32806 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: 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

PRES

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date