


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 762723 1. Entity Name MCLELLAN PARK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2105 MIETAW DR SARASOTA, FL 34239 US	Mailing Address 2105 MIETAW DR SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE



06282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0189824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REPULSKI, ED & JOYCE 1701 HASHAY DRIVE SARASOTA, FL 34239
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REPULSKI, ED & JOYCE 1701 HASHAY DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KATHRYN JOHNSON, MARTIN & 2323 OKEBEE DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAUB, CAROL 1715 S OVAL DR SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HALLIWELL, JOAN 2105 MIETAW DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/01/04-80002-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Joan Halliwell</i></u> TSR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>6/20/04</u> <small>Date</small>	<u>941-364-5716</u> <small>Daytime Phone #</small>
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