# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2009**
**Secretary of State**

DOCUMENT# N00000002942

**Entity Name:** EL RED MANOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

29-D EL RED MANOR
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

29-D EL RED MANOR
TAVARES, FL 32778 US

**New Mailing Address:**

**FEI Number: 59-2797615** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COLLING, LEE J
682 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 US

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

KISTLER, WALLACE D
11C EL RED DR
TAVARES, FL 32778 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: WALLACE D KISTLER 03/02/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: THOMAS, HAROLD E
Address: 12 A EL RED MANOR
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: VANBUREN, VANA
Address: 20B EL RED MANOR
City-St-Zip: TAVARES, FL 32778 US

Title: D ( ) Delete
Name: ESTERGARD, PATRICIA
Address: 29D ELRED MANOR
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: CAPPUZZI, PAT
Address: 173 EL RED MANOR
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: ZICKAFOOSE, BILL
Address: 29B EL RED DR
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: KISTLER, WALLACE D
Address: 11C EL RED DR
City-St-Zip: TAVARES, FL 32778

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: D (X) Change ( ) Addition
Name: MOR4GAN, DUANE
Address: 26B EL RED DR
City-St-Zip: TAVARES, FL 32778

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: WALLACE D KISTLER PRES 03/02/2009
Electronic Signature of Signing Officer or Director Date