2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000008998

1. Entity Name



FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90011 048 ****61.25

EDITH EL	LLEN ESTATES HOMEOW	NERS ASSOCIATION,						
Principal Place of Business Mailing Address 5255 NW 181 WAY 5255 NW 181 WAY STARKE, FL 32091 STARKE, FL 32091			1 1001/1001 01/1 000001	1311 4641 4611 6614 63111 61	FERNI NATION DEFENDATION	IKIRI AN IRDI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162008 Ch	g-NP CR2	E037 (12/06)		
City & State		City & State		FEI Number NOT APPLIC	CABLE	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
TEATE, GARY			Name	Name				
5255 NW 181 WAY STARKE, FL 32091			Street Address		lot Acceptable)			
			City			FL Zip Code	e	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or registe	red agent, or both, in t	he State of Florida. I	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registored agent	and title if applicable (MOTE D	egistered Agent signature require	d when painteling	D.A.	JE	· 	
	organization, typina or promote many an regional and	(10,11)	oganos so / gor ir signation is rodulo.	o man romana g,				
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	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp. Trust Fund Cor		\$5.00 May Be Added to Fees		neck payable to partment of St		
10.	Due by May 1, 2008 OFFICERS AND DI	Trust Fund Cor RECTORS	ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida De	partment of St	tate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DI P DANTZSCHER, CARTER 10485 SW 80TH PL	Trust Fund Cor	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida De	partment of St	tate	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Due by May 1, 2008 OFFICERS AND DI P DANTZSCHER, CARTER 10485 SW 80TH PL HAMPTON, FL 32044	Trust Fund Cor RECTORS	11. ITILE NAME STREET ADDRESS CIYY-ST-ZIP	Added to Fees	Florida De	D DIRECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DI P DANTZSCHER, CARTER 10485 SW 80TH PL	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida De	partment of SI	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DANTZSCHER, CARTER 10485 SW 80TH PL HAMPTON, FL 32044 VPD SMITH, JOHN 10384 SW 80TH PLACE	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida De	D DIRECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PONTE DE MAY 1, 2008 OFFICERS AND DI PONTE SCHER, CARTER 10485 SW 80TH PL HAMPTON, FL 32044 VPD SMITH, JOHN 10384 SW 80TH PLACE HAMPTON, FL 32044 TD TEATE, GARY 5255 NW 181ST WAY	Trust Fund Cor	11. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS	Added to Fees	Florida De	DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DI P DANTZSCHER, CARTER 10485 SW 80TH PL HAMPTON, FL 32044 VPD SMITH, JOHN 10384 SW 80TH PLACE HAMPTON, FL 32044 TD TEATE, GARY 5255 NW 181ST WAY STARKE, FL 32091 SD TEATE, DONNA 5255 NW 181ST WAY	Trust Fund Cor RECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida De	DIRECTORS IN Change Change	Addition Addition Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: