

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008998

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** EDITH ELLEN ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5255 NW 181 WAY  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

5255 NW 181 WAY  
STARKE, FL 32091

**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:**

TEATE, GARY  
5255 NW 181 WAY  
STARKE, FL 32091 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: VPD ( ) Delete  
Name: SMITH, JOHN  
Address: 10384 SW 80TH PLACE  
City-St-Zip: HAMPTON, FL 32044

Title: TD ( ) Delete  
Name: TEATE, GARY  
Address: 5255 NW 181ST WAY  
City-St-Zip: STARKE, FL 32091

Title: SD ( ) Delete  
Name: TEATE, DONNA  
Address: 5255 NW 181ST WAY  
City-St-Zip: STARKE, FL 32091

Title: O ( ) Delete  
Name: APPLING, CHAD  
Address: 12404 SW CR 231  
City-St-Zip: BROOKER, FL 32622

Title: PD ( ) Delete  
Name: GRINER, JOHN  
Address: 10343 SW 80TH PLACE  
City-St-Zip: HAMPTON, FL 32044

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

Title: VPD (X) Change ( ) Addition  
Name: DANTZSCHER, LILLIAN  
Address: 10485 SW 80TH PLACE  
City-St-Zip: HAMPTON, FL 32044

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY TEATE

TD

04/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date