

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003407

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** ELIOT HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

434 CHILIAN AVE  
PALM BCH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

434 CHILIAN AVE  
PALM BCH, FL 33480

**New Mailing Address:**

**FEI Number:** 22-3876675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, LESLIE R  
214 BRAZILIAN AVE STE 200  
PALM BCH, FL 33480 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: P  
Name: HOUSER, TODD C  
Address: 434 CHILIAN AVE. #3C  
City-St-Zip: PALM BEACH, FL 33480

Title: S  
Name: CROWE, ROBERT  
Address: 434 CHILEAN AVE. #6D  
City-St-Zip: PALM BEACH, FL 33480

Title: T  
Name: GEORGIUS, JOHN  
Address: 434 CHILEAN AVE., #PHB  
City-St-Zip: PALM BEACH, FL 33480

Title: MGR  
Name: HUBBELL, BUDDY G MGR  
Address: 434 CHILEAN AVE.  
City-St-Zip: PALM BEACH, FL 33480

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:** TODD HOUSER

P

01/06/2010

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

\_\_\_\_\_  
Date