

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90011 039 ****61.25

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1. Entity Name

ELLINGSEN PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2417 MILLCREEK CT #2
TALLAHASSEE, FL 32308

Mailing Address

2417 MILLCREEK CT #2
TALLAHASSEE, FL 32308

50001411



01062005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
20-0010094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ELLINGSON, MARK A
STREET ADDRESS 2417 MILLCREEK CT, STE 2
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME FRANKLIN, PENNY
STREET ADDRESS 2417 MILLCREEK CR, STE 2
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME SODOSSI, MAHMOUD
STREET ADDRESS 2417 MILLCREEK CR, STE 2
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. ELLINGSEN

Date

1/7/05

Daytime Phone #

850-509-9372