

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90290 035 \*\*\*\*61.25

**DOCUMENT # N02000009069**



1. Entity Name

**ELLINGSEN PLACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6863 PROCTOR ROAD  
TALLAHASSEE FL 32308**

**6863 PROCTOR ROAD  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

**2417 millercreek Ct**

**2417 millercreek Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #2**

**Suite 2**

City & State

City & State

**Tallahassee, FL**

**Tallahassee**

Zip

Country

Zip

Country

**32308**

**Lean**

**FL**

**LEAN**

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

**20-0010094**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

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

Name

**Mark A. Ellingsen**

Street Address (P.O. Box Number Is Not Acceptable)

**2417 millercreek Ct.**

**Suite 2**

City

**Tallahassee**

FL

Zip Code

**32308**

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]*

**Mark A. Ellingsen**

**2/1/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **THOMPSON, JAMES L**  
STREET ADDRESS **1825 COMMERCIAL BLVD.**  
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **D** ☒ Delete  
NAME **THOMPSON, LEX C**  
STREET ADDRESS **6863 PROCTOR ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☒ Delete  
NAME **THOMPSON, CAROL A**  
STREET ADDRESS **6863 PROCTOR ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition  
NAME **Mark A. Ellingsen**  
STREET ADDRESS **2417 millercreek Ct, Ste #2**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Penny Franklin**  
STREET ADDRESS **2417 millercreek Ct, Suite 2**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Mahmoud-Sondassi**  
STREET ADDRESS **2417 millercreek Ct, Suite 2**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03**

Date

Daytime Phone #

CR2E037 (10/02)