

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90194 003 ****61.25

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DOCUMENT # N03000007402 1. Entity Name THE ELLINGTON HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1500 WEST CYPRESS CREEK ROAD SUITE 409 FORT LAUDERDALE, FL 33309		Mailing Address 1500 WEST CYPRESS CREEK ROAD SUITE 409 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box # <i>2132 E Oakland Park Blvd</i>		3. Mailing Address <i>2132 E Oakland Park Blvd</i>	
Suite, Apt. #, etc. <i>Blvd</i>		Suite, Apt. #, etc. 	
City & State <i>Fort Laud, FL</i>		City & State <i>Fort Laud FL</i>	
Zip <i>33306</i>		Zip <i>33306</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number 20-0282379		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VORDERMEIER, ALAN E VMC REALTY INC 2132 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREEN BAUM, STEVEN 542 NE 7TH AVENUE #2 FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ROCCHINO, IRMGARD 550 NE 7TH AVENUE #11 FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Laura Madonna-Pitch 532 NE 7th Ave #1 Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: <i>Alan E. Vordermeier</i> 4/9/08 954-566-1661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			