

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000007736**

1. Entity Name  
**ELY ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**6342 66TH WAY  
PARKLAND, FL 33067 US**

Mailing Address  
**6342 66TH WAY  
PARKLAND, FL 33067 US**



04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0083381**

Applied For  
Not Applicable

5. Certificate of Status Desired. ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FINA, EMMETT  
6200 GARFIELD STREET  
HOLLYWOOD, FL 33024**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FINA, EMMETT
STREET ADDRESS	6342 66TH WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	S
NAME	FINA, STANLEY
STREET ADDRESS	6342 66TH WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	T
NAME	HOSIER, MISTY
STREET ADDRESS	6342 66TH WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000531725  
05/06/06-80056-003 70.00

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IN THIS SPACE**

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:** Emmett Fina Emmett Fina April 24 2006 954 752 9344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #