

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90195 033 \*\*\*\*61.25

**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**



02152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0083381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

~~FINA, EMMETT~~  
~~6342 66TH WAY~~  
~~PARKLAND, FL 33067~~  
**6342 NW 66th Way**  
**PARKLAND**  
**FLA. 33067**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**FINA, EMMETT**  
**6342 66TH WAY**  
**PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**FINA, STANLEY**  
**6342 66TH WAY**  
**PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**HOSIER, MISTY**  
**6342 66TH WAY**  
**PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Stanley Fina* **STANLEY FINA** 2/15/08 9547529344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #