2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N04000007583

Entity Name: ELLINGTON ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2755 BORDER LAKE RD STE 101
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE RD STE 101
APOPKA, FL 32703

New Mailing Address:

FEI Number: 54-2172165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANAGA, MERIDYTHE
2755 BORDER LAKE RD STE 101
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: ROSS, BRIAN
Address: 105 ELLINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DS ( ) Delete
Name: RAY, RUSSELL
Address: 125 ELLINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: TERRAGLIO, PATRICK
Address: 1230 PRESTIGE POINT
City-St-Zip: OVIEDO, FL 32765

Title: DT ( ) Delete
Name: CIESLAK, FRED
Address: 1235 PRESTIGE POINT
City-St-Zip: OVIEDO, FL 32765

Title: DP ( ) Delete
Name: BROWN, TIM
Address: 100 ELLINGTON PLACE
City-St-Zip: OVIDEO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROSS, BRIAN
Address: 105 ELLINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DP (X) Change ( ) Addition
Name: RAY, RUSSELL
Address: 125 ELLINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DVP (X) Change ( ) Addition
Name: TERRAGLIO, PATRICK
Address: 1230 PRESTIGE POINT
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: GASNER, MARLENE
Address: 1225 PRESTIGE POINT
City-St-Zip: OVIDEO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE GASNER DS 04/12/2009

Electronic Signature of Signing Officer or Director — Date