2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000008976 Mar 15, 2007 08:00 A 1. Entity Name Secretary of State ELLENTON INDUSTRIAL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5406 26TH STREET WEST 5406 26TH STREET WEST **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 20-3412058 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWZE, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 5406 26TH STREET WEST **BRADENTON FL 34207** City Zip Code 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 trile if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Defete HILL Change ☐ Addition NAME VAN DER KOLK, THIJS J NAME U00000667816 STREET ADDRESS P O BOX 416 STREET ADDRESS 03/27/07-80003-016 61.25 CITY-SI-7IP TERRA CEIA FL 34250 CHY-ST-ZIP Delete IDEC HILE Change ■ Addition NAME ROBINSON, H L NAME STREET ADDRESS 5406 26TH STREET WEST STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Defete DILE Change ☐ Addition NAME NAME HOWZE, THOMAS A STREET ADDRESS STREET ADDRESS 5406 26TH STREET WEST CITY - ST - ZIP CITY-ST-7IP **BRADENTON FL 34207** THLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE ☐ Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:

HANDS C. HOWSE

if changed, or on an attachment with an address, with all other like empowered.

3-12-07

(94) 753-6710

FILED