


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 027 ****61.25

| | | | | | |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # N06000012381 | | | |  | |
| 1. Entity Name ELLENTON INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5406 26TH ST. WEST BRADENTON, FL 34207 | | | Mailing Address 5406 26TH ST. WEST BRADENTON, FL 34207 | | |
| 2. Principal Place of Business - No P.O. Box # 5406 26TH ST W Suite, Apt. #, etc. | | 3. Mailing Address 5406 26TH ST W Suite, Apt. #, etc. | | | |
| City & State Bradenton, FLA Zip: 34207 Country: MANATEE | | City & State Bradenton, FLA Zip: 34207 Country: MANATEE | | 4. FEI Number 20-5999733 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HOWZE, THOMAS A 5406 26TH ST. WEST BRADENTON, FL 34207 | | | 7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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: <u>Thomas A. Howze</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>July 9, 2007</u> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 PTD NAME HOWZE, THOMAS A STREET ADDRESS 5406 26TH ST. WEST CITY-ST-ZIP BRADENTON, FL 34207 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME SMITH, BEMIS STREET ADDRESS 5406 26TH ST. WEST CITY-ST-ZIP BRADENTON, FL 34207 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME ROBINSON, H.L. STREET ADDRESS 5406 26TH ST. WEST CITY-ST-ZIP BRADENTON, FL 34207 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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: <u>Thomas A. Howze</u> DATE: <u>July 9, 2007</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |