
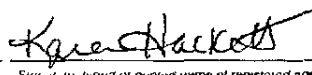
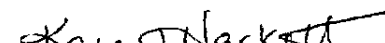


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N12741 1. Entity Name ELYSIUM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 15511 CLEARWATER FL 33766 US			Mailing Address POST OFFICE BOX 15511 CLEARWATER FL 33766 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2494632 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HACKETT, KAREN 2992 ELYSIUM WAY CLEARWATER FL 33759				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  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VD <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOVAC, DANA				
STREET ADDRESS	2931 ELYSIUM WAY				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	STD <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HACKETT, KAREN				
STREET ADDRESS	2992 ELYSIUM WAY				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	PD <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHLER, LISA				
STREET ADDRESS	2992 ELYSIUM WAY				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	S <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LADDIE, IRION				
STREET ADDRESS	2163 CICLO CIRCLE E				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

2163 Ciclo Circle E
2992 Elysiu Way