

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2494632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, KAREN
2992 ELYSIUM WAY
CLEARWATER, FL 33759

**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 *Karen Hackett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/08

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	VD
NAME	KOVAC, DANA
STREET ADDRESS	2931 ELYSIUM WAY
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	STD
NAME	HACKETT, KAREN
STREET ADDRESS	2992 ELYSIUM WAY
CITY-ST-ZIP	CLEARWATER, FL
TITLE	PD
NAME	MAHLER, LISA
STREET ADDRESS	2992 ELYSIUM WAY
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	S
NAME	WITHAM, ROBERT
STREET ADDRESS	2907 CHANCERY LN
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/08-80027-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Karen Hackett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/08

Date

(227) 791-9262

Daytime Phone #