

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 021 ****61.25

DOCUMENT # N24413

1. Entity Name
EAST LINDEN ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**162 COMMERCIAL WAY
SPRING HILL, FL 34606 US**

Mailing Address

**162 COMMERCIAL WAY
SPRING HILL, FL 34606 US**

2. Principal Place of Business - No P.O. Box #

352 TRIANA ST

3. Mailing Address

352 TRIANA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SPRING HILL

SPRING HILL

City & State

City & State

SPRING HILL FL

SPRING HILL FL

Zip

Country

Zip

Country

34609

HERNANDO

34609

HERNANDO

6. Name and Address of Current Registered Agent

**TANKEL, ROBERT L
1022 MAIN STREET - SUITE D
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

Name **DAVID B PARKER**

Street Address (P.O. Box Number is Not Acceptable)
12470 WINSTON CT

City **SPRING HILL**

FL

Zip Code **34609**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/08

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DST** ☒ Delete
NAME **KRAL, KEN**
STREET ADDRESS **13028 JOCELYN WAY**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D** ☒ Delete
NAME **KELLER, GARY**
STREET ADDRESS **13172 JESSICA DR**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D** ☐ Delete
NAME **MARVELLA, GEORGE**
STREET ADDRESS **201 ORIANA DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **DP** ☒ Delete
NAME **ROSEN, LAWRENCE**
STREET ADDRESS **555 CRESSIDA CIR**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **DVP** ☐ Delete
NAME **CAFRA, PATRICIA**
STREET ADDRESS **13109 UNITY ST**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D** ☒ Delete
NAME **STALINSKI, STEVE**
STREET ADDRESS **12469 WINSTON COURT**
CITY-ST-ZIP **SPRING HILL, FL 34609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **LYNETTE BALL**
STREET ADDRESS **352 TRIANA ST**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **DP** ☐ Change ☒ Addition
NAME **DAVID B. PARKER**
STREET ADDRESS **12470 WINSTON CT**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **DT** ☐ Change ☒ Addition
NAME **JORN ROBERTS**
STREET ADDRESS **428 SILAS CT**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D** ☐ Change ☒ Addition
NAME **CHARLES M COLE**
STREET ADDRESS **12457 EVERARD ST**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D** ☐ Change ☒ Addition
NAME **SCOTT WOODRUFF**
STREET ADDRESS **352 ORIANA DR**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Change ☐ 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 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

DP DAVID B PARKER 1/10/08 293-2429