

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29224
1. Corporation Name
ELLINGTON PLACE HOME OWNERS ASSOC.

Principal Place of Business
ELLINGTON PLACE HOA.

Mailing Address
P.O. BOX 615
EIFERS, FL 34680

3. Date Incorporated or Qualified	3a. Date of Last Report <u>3-20-1995</u>
4. FEI Number <u>65-0095692</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
BARBARA WALKER
10106 BASIN ST.
NEW PORT RICHEY, FL 34655-2137

10. Name and Address of New Registered Agent
81 Name SYLVIA HUGHES
82 Street Address (P.O. Box Number is Not Acceptable) 10040 BASIN ST.
83
84 City NEW PORT RICHEY FL 85 Zip Code 34655-2137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE SYLVIA HUGHES DATE 4-26-96

12. OFFICERS AND DIRECTORS

TITLE <u>D</u>	<u>PRESIDENT -</u> <input type="checkbox"/> DELETE
NAME	<u>ARTHUR ROJA</u>
STREET ADDRESS	<u>10103 BASIN ST.</u>
CITY - ST - ZIP	<u>NEW PORT RICHEY FL 34655-2137</u>
TITLE <u>D</u>	<u>VICE PRESIDENT TREAS.</u> <input type="checkbox"/> DELETE
NAME	<u>BARBARA WALKER</u>
STREET ADDRESS	<u>10106 BASIN ST.</u>
CITY - ST - ZIP	<u>NEW PORT RICHEY, FL 34655-2137</u>
TITLE <u>D</u>	<u>SEC. -</u> <input type="checkbox"/> DELETE
NAME	<u>SYLVIA HUGHES</u>
STREET ADDRESS	<u>10040 BASIN ST.</u>
CITY - ST - ZIP	<u>NEW PORT RICHEY FL 34655-2137</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <u>D</u>	<u>SEC.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<u>SYLVIA HUGHES</u> NEW
13 STREET ADDRESS	<u>10040 BASIN ST.</u>
14 CITY - ST - ZIP	<u>NEW PORT RICHEY FL 34655-2137</u>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<u>500001808545</u>
53 STREET ADDRESS	<u>-05/06/96--01024--025</u>
54 CITY - ST - ZIP	<u>***61.25</u>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: BARBARA WALKER V.P. D. DATE 4-3-96 DAYTIME PHONE # 813-372-0761

CR2E037 (12/95)