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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N29224 (5)  
1. Corporation Name  
ELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: BOX 615, ELLERS FL 34680  
Mailing Address: BOX 615, ELLERS FL 34680-0615

3. Date Incorporated or Qualified: 11/09/1988  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 65-0095692  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

21. Principal Place of Business: 22. Suite, Apt. #, etc. 23. City & State. 24. Zip. 25. Country.  
26. Mailing Address: 27. Suite, Apt. #, etc. 28. City & State. 29. Zip. 30. Country.

9. Name and Address of Current Registered Agent  
HUGHES, SYLVIA  
10040 BASIN ST.  
NEW PORT RICHEY FL 34655-3137

10. Name and Address of New Registered Agent  
81 Name: ROBERT E LEE  
82 Street Address (P.O. Box Number is Not Acceptable): 3031 ELLINGTON WAY.  
83  
84 City: NEW PORT RICHEY FL 85 Zip Code: 34655

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: [Signature] ROBERT E LEE DATE: 8 March 97

12. OFFICERS AND DIRECTORS  
1. NAME: DVPT WALKER, BARBARA  
2. STREET ADDRESS: 10106 BASIN STREET  
3. CITY-ST-ZIP: NEW PORT RICHEY FL 34655-2137  
4. TITLE: D  
5. NAME: JANES, SHARON  
6. STREET ADDRESS: 3053 ELLINGTON WAY  
7. CITY-ST-ZIP: NEW PORT RICHEY FL  
8. TITLE: DP  
9. NAME: ROLA, AUTHUR  
10. STREET ADDRESS: 10103 BASIN ST.  
11. CITY-ST-ZIP: NEW PORT RICHEY FL 34655-2137  
12. TITLE: DS  
13. NAME: HUGHES, SYLVIA  
14. STREET ADDRESS: 10040 BASIN ST  
15. CITY-ST-ZIP: NEW PORT RICHEY FL 34655-2137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE: DP  Change  Addition  
12 NAME: Lee, Robert  
13 STREET ADDRESS: 3031 Ellington Way  
14 CITY-ST-ZIP: New Port Richey, FL 34655  
21 TITLE: DVPT  Change  Addition  
22 NAME: Hoover, Carl  
23 STREET ADDRESS: 10112 Basin St.  
24 CITY-ST-ZIP: New Port Richey, FL 34655  
31 TITLE: DS  Change  Addition  
32 NAME: Havins, Caryl  
33 STREET ADDRESS: 3034 Ellington Way  
34 CITY-ST-ZIP: New Port Richey, FL 34655  
41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:  
51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY-ST-ZIP:  
61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 of changed or new attachments with an address

SIGNATURE: [Signature] ROBERT E LEE DATE: 8 March 97 813 376 6260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0068531

CR2E037 (9/96)