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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: BOX 615 ELPERS FL 34680  
Mailing Address: BOX 615 ELPERS FL 34680

3. Date Incorporated or Qualified: 11/09/1988  
4. FEI Number: 65-0095692  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent  
LEE, ROBERT E  
3031 ELLINGTON WAY  
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent  
81 Name: BARBARA WALKER  
82 Street Address (P.O. Box Number is Not Acceptable): 10106 BASIN ST.  
83 City: NEWPORT 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: Barbara Walker BARBARA WALKER DATE: 1-7-98

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	LEE, ROBERT	
STREET ADDRESS	3031 ELLINGTON WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DVPT	DELETE
NAME	HOOVER, CARL	
STREET ADDRESS	10112 BASIN ST	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DS	DELETE
NAME	HARING, CARYL	
STREET ADDRESS	3034 ELLINGTON WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	Change	Addition
1.2 NAME	BARBARA WALKER		
1.3 STREET ADDRESS	10106 BASIN ST.		
1.4 CITY-ST-ZIP	NEWPORT RICHEY, FL, 34655		
2.1 TITLE	DVP	Change	Addition
2.2 NAME	V. PRES. DOLORES RISKA		
2.3 STREET ADDRESS	10046 BASIN ST.		
2.4 CITY-ST-ZIP	NEWPORT RICHEY, FL, 34655		
3.1 TITLE	DS	Change	Addition
3.2 NAME	MARIANNO GAMBler		
3.3 STREET ADDRESS	3048 ESPLANADE DR.		
3.4 CITY-ST-ZIP	NEWPORT RICHEY, FL, 34655		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BARBARA WALKER P.T. 1-7-98 813-372-0361

CR2E037 (10/97)