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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29224

1. Corporation Name
ELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: BOX 615, ELFERS FL 34680
 Mailing Address: BOX 615, ELFERS FL 34680



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/09/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	-65-0095692
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, BARBARA 10106 BASIN ST NEW PORT RICHEY FL 34655	81 Name: Kimberly A Cherry 82 Street Address (P.O. Box Number is Not Acceptable): 3072 Esplanade Dr 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: *Kimberly A Cherry* (NOTE: Registered Agent signature required when reinstating) DATE: 1-31-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	WALKER, BARBARA	1.2 NAME	Kimberly A Cherry
STREET ADDRESS	10106 BASIN ST	1.3 STREET ADDRESS	3072 Esplanade Dr
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	NPR, FL 34655
TITLE	DVP	2.1 TITLE	DVP
NAME	PISKA, DOLORES	2.2 NAME	Debbie Bennett
STREET ADDRESS	10046 BASIN ST	2.3 STREET ADDRESS	3060 Esplanade Dr
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	NPR, FL 34655
TITLE	DS	3.1 TITLE	DS
NAME	GAMBLER, MARIANNE	3.2 NAME	Kimberly Marlan
STREET ADDRESS	3048 ESPLANADE DR	3.3 STREET ADDRESS	3060 Esplanade Dr
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP	NPR, FL 34655
TITLE		4.1 TITLE	Pres. DT
NAME		4.2 NAME	Kathy Kelly
STREET ADDRESS		4.3 STREET ADDRESS	3028 Ellington way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NPR, FL 34655
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Kimberly A Cherry* SIGNATURE REQUIRED DATE: 1-31-99 DAYTIME PHONE #

CR2E037 (1/198)