

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/22/01

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90131 047 \*\*\*\*61.25

**DOCUMENT # N29224**  
 1. Entity Name  
**ELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.** ✓

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0095692**      Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHERRY, KIMBERLY A**  
**3072 ESPLANADE DR**  
**NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.  
 SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees.      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, KIMBERLY A	
STREET ADDRESS	3072 ESPLANADE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DEBBIE	
STREET ADDRESS	3060 ESPLANADE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MORLAN, KIMBERLY	
STREET ADDRESS	3066 ESPLANADE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KELLY, KATHY	
STREET ADDRESS	3028 ELLINGTON WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres. DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glaria Jean Pike	
STREET ADDRESS	3043 Esplanade Dr.	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	V Pres. DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Schubarth	
STREET ADDRESS	3054 Esplanade Dr.	
CITY-ST-ZIP	N. P. R., FL 34655	
TITLE	Trans./Sec. DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marianne T. Gambler	
STREET ADDRESS	3048 Esplanade Dr.	
CITY-ST-ZIP	N. P. R., FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Marianne T. Gambler*      **Marianne T. Gambler**      01-11-01      (727) 376-1947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)