

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90035 003 ****61.25

DOCUMENT # N29224

1. Entity Name

ELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**BOX 615
 ELLERS FL 34680**

**BOX 615
 ELLERS FL 34680**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

**CHERRY, KIMBERLY A
 3072 ESPLANADE DR
 NEW PORT RICHEY FL 34655**

Name **LORI DONOHUE**

Street Address (P.O. Box Number is Not Acceptable)

3034 ESPLANADE DRIVE

City **NEW PORT RICHEY**

FL

Zip Code **34655**

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

Lori Donohue, POT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDT	PIKE, GLORIA J	3043 ESPLANADE DR.	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
VPDT	SOHUBERT, LINDA	3054 ESPLANADE DR.	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
TSDT	GAMBLOR, MARIANNE T	3048 ESPLANADE DR.	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PDT	LORI DONOHUE	3034 ESPLANADE DRIVE	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VPDT	BEBBIE BENNETT	3060 ESPLANADE DRIVE	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TSDT	STEPHANIE LER	1012 BASIN ST.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *STEPHANIE LER*

1.18.02

787 376 6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)