2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29224

FILED Mar 14, 2005 Secretary of State

Entity Name: ELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: ELFERS, FL 34680 **Current Mailing Address: New Mailing Address: BOX 615** ELFERS, FL 34680 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONOHUE, LORI 3034 ESPLÁNADE DRIVE NEW PORT RICHEY, FL 34655 US 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 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDT () Delete (X) Change () Addition DONAHUE, LORI BUSCH, PAUL Name: Name: 3034 ESPLANADE DRIVE Address: 3023 ELLINGTON WAY Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655 Title: VPDT () Delete Title: **VPDT** (X) Change () Addition ROLA, ARTHUR Name: PIKE, LARRY Name: Address: 10103 CHASIN ST Address: 3043 ESPLANADE DR City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655 Title: **TSDT** () Delete Title: **TSDT** (X) Change () Addition BASS, DENISE GAMBLER, WALTER Name: Name: 3642 ESPLANADE DR Address: Address: 3048 ESPLANADE DR City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655 Title: () Delete Title: TS () Change (X) Addition Name: Name: GAMBLER, MARIANNE 3048 ESPLANADE DR Address: Address: City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655 Title: () Delete Title: () Change (X) Addition JANES, SHARON Name: Name: 3053 ELLINGTON WAY Address: Address: NER PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY PIKE VPDT 03/14/2005