

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29224

FILED
Apr 15, 2006
Secretary of State

Entity Name: ELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BOX 615
ELFERS, FL 34680

New Principal Place of Business:

Current Mailing Address:

BOX 615
ELFERS, FL 34680

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOHUE, LORI
3034 ESPLANADE DRIVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: BUSCH, PAUL
Address: 3023 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPDT () Delete
Name: PIKE, LARRY
Address: 3043 ESPLANADE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TSDT () Delete
Name: GAMBLER, WALTER
Address: 3048 ESPLANADE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TS () Delete
Name: GAMBLER, MARIANNE
Address: 3048 ESPLANADE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TS () Delete
Name: JANES, SHARON
Address: 3053 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPDT (X) Change () Addition
Name: CUMMINGS, SYLVIA
Address: 3072 ESPLANADE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: CUMMINGS, BRAD
Address: 3072 ESPLANADE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TS (X) Change () Addition
Name: SCHMIDT, JOEL
Address: 3020 ESPLANADE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOEL SCHMIDT

TS

04/15/2006

Electronic Signature of Signing Officer or Director

_____ Date