2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N29224

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:

SCHMIDT, JOEL
3020 ESPLANADE DRIVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

JASON, LAURIE
3029 ESPLANADE 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: LAURIE JASON 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: JASON, LAURIE
Address: 3029 ESPLANADE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: TSDT ( ) Delete
Name: SCHMIDT, JOEL
Address: 3020 ESPLANADE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TSDT (X) Change ( ) Addition
Name: KARRAS, JOAN
Address: 10032 BASIN ST
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE JASON PDT 04/30/2008
Electronic Signature of Signing Officer or Director Date