


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90209 041 ****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 **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DONOHUE, LORI
3034 ESPLANADE DRIVE
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name _____

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

City **N/A** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lori Donohue* DATE 2/5/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	DONAHUE, LORI	
STREET ADDRESS	3034 ESPLANADE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DEBBIE	
STREET ADDRESS	3060 ESPLANADE SRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TSDT	<input checked="" type="checkbox"/> Delete
NAME	LEE, STEPHANIE	
STREET ADDRESS	1012 BASIN ST	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Rola	
STREET ADDRESS	10103 Basin Street	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	TSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Bass	
STREET ADDRESS	3042 Esplanade Drive	
CITY-ST-ZIP	New Port Richey, 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		
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: *Lori Donohue* **REQUIRED** Lori Donohue 2/5/03 (727) 376-8040

CR2E037 (10/02)