

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N39322

1. Entity Name
**ELLENTON COMMERCIAL SUBDIVISION ASSOCIATION,
INC.**



Principal Place of Business
**C/O BLAKE WHISENANT
19725 HWY 62
PARRISH, FL 34219 US**

Mailing Address
**C/O BLAKE WHISENANT
19725 HWY 62
PARRISH, FL 34219 US**



08252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0336810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHISENANT, BLAKE
19725 HWY. 62
PARRISH, FL 34219**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
ZUKERMAN, HAIM M.
6520 POWERS FERRY RD., SUITE 300
ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
MCAULIFFE, RICHARD
11004 PEACH POINT CT
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
WHISENANT, BLAKE
19762 HWY. 62
PARRISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
BOWEN, ANTHONY
4020 69TH ST. EAST
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000171415
09/01/04-80005-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blake Whisenant

8/27/04

941 776 1110

Date

Daytime Phone #