

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 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**

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-NP

CR2E037 (11/05)

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 STD 3/7/06 9417761110**

Date

Daytime Phone #