


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N39322 1. Entity Name ELLENTON COMMERCIAL SUBDIVISION ASSOCIATION, INC.	
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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
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01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0336810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PD 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	

U00000619002
02/08/07-80054-015 61.25

**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: Blake Whisenant **Blake Whisenant** 1/30/07 9417761110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #