

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47815

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** EL REY R. O. ASSOCIATION, INC.

**Current Principal Place of Business:**

4600 67TH ST N  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

4600 67TH ST. NO.  
SAINT PETERSBURG, FL 33709

**New Mailing Address:**

**FEI Number:** 59-3112747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLACHLAN, BRYAN K  
10823 70TH AVENUE NO.  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: OAKLEAF, ORLEN  
Address: 4703 67TH STREET N., LOT 24  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: DP  
Name: HILL, RICHARD  
Address: 4716 66TH LANE NO., LOT 17  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D  
Name: HAYES, MARTIN  
Address: 4738 67TH ST N., LOT 36  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: DST  
Name: STOTT, GLORIA  
Address: 4714 67TH ST N., LOT 38  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D  
Name: HARWOOD, RICHARD  
Address: 4748 67TH WAY NO., LOT 52  
City-St-Zip: SAINT PETERSBURG, FL 33709

I hereby 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 all other like empowered.

SIGNATURE: RICHARD A. HILL

PRES

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date