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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005633 (3)

1. Corporation Name

ELLISON PARK 1 HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

685 DYSON ROAD
HAINES CITY FL 33844
US

Mailing Address

685 DYSON ROAD
HAINES CITY FL 33844-8587

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
01/25/1996

4. FEI Number

59-3305438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEEN, JAMES R
685 DYSON ROAD
HAINES CITY FL 33844

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME KEEN, JAMES R
STREET ADDRESS 685 DYSON ROAD
CITY-ST-ZIP HAINES CITY FL

TITLE VSTD ☒ DELETE

NAME KEEN, EARLENE
STREET ADDRESS 685 DYSON ROAD
CITY-ST-ZIP HAINES CITY FL

TITLE D ☒ DELETE

NAME KEEN, SHELLY
STREET ADDRESS 685 DYSON ROAD
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

GEORGE LANGSTON

671 Ellison Pky, Haines City Fl

VSTD

RICHARD MURPHY

627 Ellison Pky, Haines City Fl.

Haines City

D

SAM MURRAY

586 Ellison Pky, Haines City, Fl.

D

DONNA KIDD

619 Ellison Pky, Haines City. Fl

SEC

JAMIE MCCOLLUM

635 Ellison Pky, Haines City. Fl

TR

CAROL HULSEY

691 Ellison Pky, Haines City. Fl

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE S. LANGSTON 2/1/97

Date

Daytime Phone # 0053739

CR2E037 (9/96)