

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**685 DYSON ROAD
HAINES CITY FL 33844
US**

**685 DYSON ROAD
HAINES CITY FL 33844**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

12/15/1993

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LANGSTON, GOERGE
671 ELLISON PKY
HAINES CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
MURPHY, RICHARD
627 ELLISON PKWY
HAINES CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURRAY, SAM
586 ELLISON PKY
HAINES CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, DONNA
619 ELLISON PKY
HAINES CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCOLLUM, JAME
635 ELLISON PKY
HAINES CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HUSLEY, CAROL
691 ELLISON PKY
HAINES CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**S
RUTH WILLIAMS
632 ELLISON PKWY
HAINES CITY, FL 33844**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**D
ROBERT HORVALL
599 ELLISON PKWY
HAINES CITY, FL 33844**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**D
CRACIE MENDEZ
680 ELLISON PKWY
HAINES CITY, FL 33844**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**VSTD
KIDD, DONNA
619 ELLISON PKY
HAINES CITY, FL 33844**

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

14. 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 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:

CAROL M. HUSLEY TREASURER
CAROL M. HUSLEY

Date

Daytime Phone & Residence

4/20/98 941 422 8534

CR2E037 (10/97)