


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005633					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/15/1993 4. FEI Number 59-3305438	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KEEN, JAMES R 685 DYSON ROAD HAINES CITY FL 33844			10. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME LANGSTON, GOERGE STREET ADDRESS 671 ELLISON PKY CITY-ST-ZIP HAINES CITY FL			1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME RICHARD MURPHY 1.3 STREET ADDRESS 627 ELLISON PKWY 1.4 CITY-ST-ZIP HAINES CITY FL 33844		
TITLE S <input type="checkbox"/> DELETE NAME WILLIAMS, RUTH STREET ADDRESS 632 ELLISON PKWY CITY-ST-ZIP HAINES CITY FL 33844			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME ANASTACIO SARAPIN 2.3 STREET ADDRESS 643 ELLISON PKWY 2.4 CITY-ST-ZIP HAINES CITY FL 33844		
TITLE D <input type="checkbox"/> DELETE NAME MURRAY, SAM STREET ADDRESS 586 ELLISON PKY CITY-ST-ZIP HAINES CITY FL			3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME GRACIE MENDEZ 3.3 STREET ADDRESS 610 ELLISON PKWY 3.4 CITY-ST-ZIP HAINES CITY FL 33844		
TITLE VSTD <input type="checkbox"/> DELETE NAME KIDD, DONNA STREET ADDRESS 619 ELLISON PKWY CITY-ST-ZIP HAINES CITY FL 33844			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME MCCOLLUM, JAMIE STREET ADDRESS 635 ELLISON PKY CITY-ST-ZIP HAINES CITY FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE T HULSEY <input type="checkbox"/> DELETE NAME HULSEY, CAROL STREET ADDRESS 691 ELLISON PKY CITY-ST-ZIP HAINES CITY FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE: Carol M. Hulsey **REQUIRED** 4/8/99 941-422-8534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #