DOCUMENT # N93000005633

Entity Name

ELLISON PARK 1 HOMEOWNERS' ASSOCIATION, INC.

FILED

01 NOV -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

Principal Place of Business	Mailing Address
586 ELLISON PKWY. HAINES CITY FL 33844 CHANGED US	586 ELLISON PKWY. HAINES CITY FL 33844 CHANGED US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: ~~632 ELLISON PKWY~~	Suite, Apt. #, etc.: 632 ellison pkwy
City & State: ~~Haines City, Fl.~~	City & State: ~~Haines City, Fl.~~ HAINES City
Zip: ~~33844~~ Country: ~~U.S.A.~~	Zip: 33844 Country: U.S.A.

02-13-c DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3305438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEEN, JAMES R 685 DYSON ROAD HAINES CITY FL 33844	Name Street Address (P.O. Box Number is Not Acceptable) 800004704888--1 -12/05/01--01001--019 City *****61.25 *****61.25

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.

SIGNATURE: Ruth Williams, Jr. RUTH WILLIAMS - Secretary 8-21-2001

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANGSTON, GOERGE 671 ELLISON PKY HAINES CITY FL	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	ANASTACIO SARAPIN 643 ELLISON PARKWAY HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, RUTH 632 ELLISON PKWY HAINES CITY FL 33844	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	JOANN HOWARD 632 ELLISON PARKWAY HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, SAM 586 ELLISON PKY HAINES CITY FL	☒ Delete	TITLE VP D NAME STREET ADDRESS CITY-ST-ZIP	JOANN HOWARD 652 ELLISON PARKWAY HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD KIDD, DONNA 619 ELLISON PKWY HAINES CITY FL 33844	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GRACIE MENDEZ 680 ELLISON PKWY HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, RICHARD 635 ELLISON PKY HAINES CITY FL 33844	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SHARON WRIGHT 546 ELLISON PKWY HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HULSEY, CAROL 691 ELLISON PKY HAINES CITY FL	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	RUTH WILLIAMS 632 ELLISON PKWY HAINES CITY FL 33844	☒ Change ☐ Addition

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

Ruth Williams, Jr. Ruth Williams 8-21-2001 863-422-46