

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90140 008 \*\*\*\*61.25

**DOCUMENT # N94000002033**

1. Entity Name

**ELLINGTON PLACE OWNERS ASSOCIATION, INC.**

Principal Place of Business

2180 WEST SR 434  
 SUITE 5000  
 LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434  
 STE. 5000  
 LONGWOOD FL 32779  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3240179**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HART, JAMES W JR**  
**SENTRY MANAGEMENT INC**  
**2180 WEST SR 434, STE 5000**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FALES, JOHN	
STREET ADDRESS	8217 PROVINCIAL CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REGIS, SCHILER	
STREET ADDRESS	8207 INTERNATIONAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, GLORY	
STREET ADDRESS	3421 PROVINCIAL CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, RENE	
STREET ADDRESS	8217 PROVINCIAL CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, DAVID	
STREET ADDRESS	3440 PROVINCIAL CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, LAWRENCE	
STREET ADDRESS	3421 PROVINCIAL CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, CHARLES	
STREET ADDRESS	8242 PROVINCIAL CIR S	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINN, JEFF	
STREET ADDRESS	3397 PROVINCIAL CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLEN, JERRY	
STREET ADDRESS	8210 PROVINCIAL CIR N	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHLEY, JAMES	
STREET ADDRESS	8211 PROVINCIAL CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lawrence Wilson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/12/2000*

Daytime Phone #

*745-7374*

CR2E037 (9/99)