

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002033

**FILED**  
**Apr 13, 2004**  
**Secretary of State**

**Entity Name:** ELLINGTON PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-3240179      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, MIKE  
Address: 3457 PROVINCIAL CIR., E.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: NIDEROST, ADELL  
Address: 3421 PROVINCIAL CIR. E  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD ( ) Delete  
Name: FALES, JOHN  
Address: 8217 PROVINCIAL CIR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete  
Name: MASON, LORI  
Address: 3403 PROVINIEAL CIR. EAST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Delete  
Name: BRINSON, MARIAM  
Address: 8235 PROVINCIAL CIR. E  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: NIDEROST, ADELL  
Address: 3421 PROVINCIAL CIR. E  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD (X) Change ( ) Addition  
Name: FALES, JOHN  
Address: 8217 PROVINCIAL CIR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D (X) Change ( ) Addition  
Name: MASON, LORI  
Address: 3403 PROVINIEAL CIR. EAST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE BROWN

PD

04/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date