

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002033

FILED
Apr 07, 2005
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: SD () Delete
Name: NIDEROST, ADELL
Address: 3421 PROVINCIAL CIR. E
City-St-Zip: JACKSONVILLE, FL 32277

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

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

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

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

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

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date