

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002033

FILED
Mar 24, 2010
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
Name: HICKS, RALPH
Address: 8217 PROVINCIAL CIR S
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD
Name: ANDERSON, DANNY
Address: 8236 PROVINCIAL CIR S
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: GILL, MARY
Address: 3436 WORLD CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: PRESHIA, ELLIOT
Address: 8212 PROVINCIAL CIR S
City-St-Zip: JACKSONVILLE, FL 32277

Title: TSD
Name: TUFFIN, LAURA L
Address: 8205 PROVINCIAL CIR N
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: RALPH HICKS

PD

03/24/2010

Electronic Signature of Signing Officer or Director

Date