

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2007  
Secretary of State**

DOCUMENT# N96000005733

Entity Name: ELBERT LANDINGS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 2147  
WINTER HAVEN, FL 338832147 US

**New Principal Place of Business:**

705 17TH STREET NE  
WINTER HAVEN, FL 33881 US

**Current Mailing Address:**

P.O. BOX 2147  
WINTER HAVEN, FL 338832147 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

TRAKAS, ANDREW  
123 AVE, C SW  
WINTER HAVEN, FL 33880 US

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

TRAKAS, ANDREW  
123 AVE, C SW  
WINTER HAVEN, FL 33880 US

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: \_\_\_\_\_ 03/30/2007  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: COB ( ) Delete  
Name: HARRINGTON, JACK  
Address: 1607 17TH TERR NE  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D ( ) Delete  
Name: ARCADIO, ALICEA  
Address: 733 16TH ST NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DP ( ) Delete  
Name: BURNETT, ROBERT  
Address: 705 17TH ST NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: JONES, RUTH  
Address: 738 16TH ST N  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D (X) Change ( ) Addition  
Name: FEJES, KERRY  
Address: 1601 17TH TERRACE NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Change (X) Addition  
Name: CHAPUT, LINDA  
Address: 707 17TH STREET NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: O ( ) Change (X) Addition  
Name: CRISS, MICHAEL  
Address: 750 16TH STREET NE  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL A. CRISS \_\_\_\_\_ O 03/30/2007  
Electronic Signature of Signing Officer or Director Date