

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005733

FILED
Apr 22, 2009
Secretary of State

Entity Name: ELBERT LANDINGS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

705 17TH STREET NE
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

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:

CHILTON, ROBERT C
99 6TH ST SW
WINTER HAVEN, FL 33880 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: COB () Delete
Name: HARRINGTON, JACK
Address: 1607 17TH TERR NE
City-St-Zip: WINTER HAVEN, FL 33881 US

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

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

Title: D () Delete
Name: LYONS, TED
Address: 709 17TH ST NE
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: DOT () Delete
Name: CRISS, MICHAEL
Address: 750 16TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

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: D (X) Change () Addition
Name: LETTAU, DERRICK
Address: 737 16TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

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

I hereby certify that the information supplied with this filing does not qualify 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

DOT

04/22/2009

Electronic Signature of Signing Officer or Director

Date