

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 752606 (4)**

1. Corporation Name  
**LAKE ELLEN VILLAS, INC.**



Principal Place of Business Mailing Address  
**% CHRIS BROWN**  
**3417 ELLENWOOD LANE**  
**TAMPA FL 33618**

3. Date Incorporated or Qualified **05/23/1980** 3a. Date of Last Report **11/27/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3095876** Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**ANCHOR PROPERTY MANAGEMENT, INC.**  
**5519-B HANLEY ROAD**  
**TAMPA FL 33634**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDANIEL, LYNN</b>	1.2 NAME	<b>LORI DAVIS</b>
STREET ADDRESS	<b>3418 ELLENWOOD LANE</b>	1.3 STREET ADDRESS	<b>3413 ELLWOOD LANE</b>
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33618</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORI DAVIS</b>	2.2 NAME	<b>MARLENE PLATT</b>
STREET ADDRESS	<b>3413 ELLENWOOD LANE</b>	2.3 STREET ADDRESS	<b>3414 ELLENWOOD LANE</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000 33618</b>	2.4 CITY-ST-ZIP	<b>TAMPA, FL 33618</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRON EAKIN</b>	3.2 NAME	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3405 ELLENWOOD LANE</b>	3.3 STREET ADDRESS	<b>CATHY COCCIA</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000 33618</b>	3.4 CITY-ST-ZIP	<b>3411 ELLENWOOD LANE</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TAMPA, FL 33618</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERMAIN, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>3424 ELLENWOOD LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>CHRIS BROWN,</b>	5.2 NAME	
STREET ADDRESS	<b>3417 ELLENWOOD LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>900001780888</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBERY, HOWARD</b>	6.2 NAME	<b>-04/15/96--01119--007</b>
STREET ADDRESS	<b>3407 ELLENWOOD LANE</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chris Brown, President* Date: **2-22-96** Daytime Phone #: **832864121**

CR2E037 (12/95)