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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

% 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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 S  
NAME MCDANIEL, LYNN  
STREET ADDRESS 3418 ELLENWOOD LANE  
CITY-ST-ZIP TAMPA FL 33618  
☒ DELETE

1.1 TITLE S  
1.2 NAME LORI DAVIS  
1.3 STREET ADDRESS 3413 ELLWOOD LANE  
1.4 CITY-ST-ZIP TAMPA, FL 33618  
☐ Change ☐ Addition

TITLE T  
NAME LORI DAVIS  
STREET ADDRESS 3413 ELLENWOOD LANE  
CITY-ST-ZIP TAMPA, FL 00000 33618  
☒ DELETE

2.1 TITLE T  
2.2 NAME MARLENE PLATT  
2.3 STREET ADDRESS 3414 ELLENWOOD LANE  
2.4 CITY-ST-ZIP TAMPA, FL 33618  
☐ Change ☐ Addition

TITLE V  
NAME BYRON EAKIN  
STREET ADDRESS 3405 ELLENWOOD LANE  
CITY-ST-ZIP TAMPA, FL 00000 33618  
☐ DELETE

3.1 TITLE D  
3.2 NAME CATHY COCCIA  
3.3 STREET ADDRESS 3411 ELLENWOOD LANE  
3.4 CITY-ST-ZIP TAMPA, FL 33618  
☐ Change ☐ Addition

TITLE D  
NAME GERMAIN, TIM  
STREET ADDRESS 3424 ELLENWOOD LN  
CITY-ST-ZIP TAMPA FL 33618  
☒ DELETE

4.1 TITLE D  
4.2 NAME CATHY COCCIA  
4.3 STREET ADDRESS 3411 ELLENWOOD LANE  
4.4 CITY-ST-ZIP TAMPA, FL 33618  
☐ Change ☐ Addition

TITLE P  
NAME CHRIS BROWN,  
STREET ADDRESS 3417 ELLENWOOD LN  
CITY-ST-ZIP TAMPA FL 33618  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME BARBERY, HOWARD  
STREET ADDRESS 3407 ELLENWOOD LANE  
CITY-ST-ZIP TAMPA FL  
☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

Date

832864121

Daytime Phone #

CR2E037 (12/95)