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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: % CHRIS BROWN, 3417 ELLENWOOD LANE, TAMPA FL 33618  
Mailing Address: % CHRIS BROWN, 3417 ELLENWOOD LANE, TAMPA FL 33618-3425

3. Date Incorporated or Qualified: 05/23/1980  
3a. Date of Last Report: 04/15/1996  
4. FEI Number: 59-3095876  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-26)  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
ANCHOR PROPERTY MANAGEMENT, INC.  
5519-B HANLEY ROAD  
TAMPA FL 33634

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	DAVIS, LORI	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VP
NAME: DAVIS, LORI	3413 ELLWOOD LANE		1.2 NAME: TIM GERMAIN
STREET ADDRESS: 3413 ELLWOOD LANE	TAMPA FL 33618		1.3 STREET ADDRESS: 3424 ELLENWOOD LANE
CITY-ST-ZIP: TAMPA FL 33618			1.4 CITY-ST-ZIP: TAMPA, FL 33618
TITLE: TD	PLATT, MARLENE	<input type="checkbox"/> DELETE	2.1 TITLE:
NAME: PLATT, MARLENE	3414 ELLENWOOD LANE		2.2 NAME:
STREET ADDRESS: 3414 ELLENWOOD LANE	TAMPA FL 33618		2.3 STREET ADDRESS:
CITY-ST-ZIP: TAMPA FL 33618			2.4 CITY-ST-ZIP:
TITLE: VD	BYRON EAKIN	<input type="checkbox"/> DELETE	3.1 TITLE:
NAME: BYRON EAKIN	3405 ELLENWOOD LANE		3.2 NAME:
STREET ADDRESS: 3405 ELLENWOOD LANE	TAMPA, FL 00000 33618		3.3 STREET ADDRESS:
CITY-ST-ZIP: TAMPA, FL 00000 33618			3.4 CITY-ST-ZIP:
TITLE: D	COCCIA, CATHY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D
NAME: COCCIA, CATHY	3411 ELLENWOOD LANE		4.2 NAME: TRUDY BARBERY
STREET ADDRESS: 3411 ELLENWOOD LANE	TAMPA FL 33618		4.3 STREET ADDRESS: 3407 ELLENWOOD LANE
CITY-ST-ZIP: TAMPA FL 33618			4.4 CITY-ST-ZIP: TAMPA, FL 33618
TITLE: PD	CHRIS BROWN,	<input type="checkbox"/> DELETE	5.1 TITLE:
NAME: CHRIS BROWN,	3417 ELLENWOOD LN		5.2 NAME:
STREET ADDRESS: 3417 ELLENWOOD LN	TAMPA FL 33618		5.3 STREET ADDRESS:
CITY-ST-ZIP: TAMPA FL 33618			5.4 CITY-ST-ZIP:
TITLE:		<input type="checkbox"/> DELETE	6.1 TITLE:
NAME:			6.2 NAME:
STREET ADDRESS:			6.3 STREET ADDRESS:
CITY-ST-ZIP:			6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

1/13/97

CR2E037 (9/96)