

FILE NOW: FILING FEE IS \$61.25

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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
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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 33618-3425

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/23/1980	3a. Date of Last Report 04/15/1996
4. FEI Number 59-3095876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

1.1 TITLE	VP
1.2 NAME	TIM GERMAIN
1.3 STREET ADDRESS	3424 ELLENWOOD LANE
1.4 CITY-ST-ZIP	TAMPA, FL 33618
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D
4.2 NAME	TRUDY BARBERY
4.3 STREET ADDRESS	3407 ELLENWOOD LANE
4.4 CITY-ST-ZIP	TAMPA, FL 33618
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)