


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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
---	---

3. Date Incorporated or Qualified  
**05/23/1980**

4. FEI Number <b>59-3095876</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

2. Principal Place of Business 21 <b>5519 Hanley RD.</b> Suite, Apt. #, etc.	2a. Mailing Address 26
22 <b>Suite B</b> City & State	27 City & State
23 <b>Tampa Fl.</b> Zip Country	28 Zip Country
24 <b>33634 Hillsborough</b>	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM GERMAIN	1.2 NAME	
STREET ADDRESS	3424 ELLENWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUDY BARBERY	4.2 NAME	
STREET ADDRESS	3407 ELLENWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Joanne Kenna	
3417 Ellenwood Lane	
Tampa, FL, 33618	

14. I 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: *BYRON EAKIN PRES. 1-20-98* 013 962-8973

CR2E037 (10/97)