FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 752606

(4)

LAKE FILEN VILLAS, INC.

FILED Mar 02 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address				
1		•				
M CHRIS BROWN 3417 ELLENWOOD LANE		% CHRIS BROWN 3417 ELLENWOOD LANE		3. Date Incorporated or Qualified	· 	
TAMPA FL 33618		TAMPA FL 33618		05/23/1980		
·					4. FEI Number	Applied For
2. Principal Place of Busines		2a. Mailing Address			59-3095876	Not Applicable
21 5519 Hanley RD.		26			Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.	_KU.	Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required \$5.00 May Be
22 Suite B		27			Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a home	· · · · · · · · · · · · · · · · · · ·	
Tampa Fl.		28		P		
Zip Country		Zip Country		8. This corporation owes or has pald the current year intangible		
24 33634 25	Hillsborout d Address of Current	20	30		Personal Property Tax due June 30	
y, reality of	O ACCIONS OF COTTON	registeren Agent	81	Name	10. Name and Address of New Regis	tereo Agent
ANCHOR PROPERTY	MANAGEMENT INC					
ANCHOR PROPERTY MANAGEMENT, INC. 5519-B HANLEY ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33634	•		83	_		
			64	1,		FL 85 Zip Code
11. Pursuant to the provision	s of Sections 617.0502 a	nd 617.1508, Florida Sta	tutes, the abov	e-namec	corporation submits this statement for the purp poration's board of directors. I hereby accept the	ose of changing its registered
agent. I am familiar with,	i, or both, in the State of and accept the obligation	Florida. Such change wa ons of, Section 617.0503,	s authorized b Florida Statute	y the coi s.	poration's board of directors. I hereby accept the	e appointment as registered
SIGNATURE						
Signature, typed or p	rinted name of registered agent a			ent elgnatur		DATE
12.	OFFICERS AND D	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICER	
NAME TIM GERM	AIN		1.1 TITLE			Change Addition
	NWOOD LANE		1.2 NAME			
CITY-ST-ZIP TAMPA FL				ADDRESS		
TITLE TD		DELETE	1.4 CITY- 2.1 TITLE	51-2IP		Change Addition
NAME PLATT, MA	rlene	_	2.2 NAME			
	WOOD LANE			ADDRESS		
CITY-ST-ZIP TAMPA FL	33618		2, 4 CITY-			e v
TITLE PD		☐ DELETE	3.1 TITLE			Change Addition
NAME BYRON EA			3.2 NAME			
	NWOOD LANE		3.3 STREE	ADDRESS		
	00000 33618		3.4. CITY-	ST-ZIP		
TITLE D	nhen.	☐ DELETE	4.1 TITLE			Change Addition
NAME TRUDY BA			4. 2 NAME			
741404 61	WOOD LANE			ADDRESS		
TITLE PD		V DELETE	4.4 CITY-1	IT-ZIP		[] Observe [] Address
NAME CHRIS BRO)WN	K1 otreit	5.1 TITLE		SD	Change Addition
	WOOD LN		5.2 NAME	ADADECC	Joanne Kenna	
CITY-ST-ZIP TAMPA FL			5.4 CITY - 1	ADDRESS	3417 Ellenwood Lane	
TITLE	· -	DELETE	6.1 TITLE	II-TIL	Tampa, FL. 33618	☐ Change ☐ Addition
NAME					1	
			6.2 NAME			i
STREET ADDRESS			6.2 NAME 6.3 STREE	ADDRESS		

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: