

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91207 048 ****70.00

DOCUMENT # 752606

1. Entity Name

LAKE ELLEN VILLAS, INC.

Principal Place of Business

Mailing Address

**16105 N. FLORIDA
 SUITE A
 LUTZ FL 33549**

**16105 N. FLORIDA
 SUITE A
 LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095876

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, SAM
 3405 ELLENWOOD LANE
 TAMPA FL 33618**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAILEY, SAM 3405 ELLENWOOD LANE TAMPA FL 33618 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PLATT, MARLENE 3414 ELLENWOOD LANE TAMPA FL 33618 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KAMPENGA, JIM 3428 ELLENWOOD LANE TAMPA FL 33618 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JONES, LANCE 3413 ELLENWOOD LANE TAMPA FL 33618 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *SAMUEL BAILEY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 8132647137
 Date Daytime Phone #

CR2E037 (9/01)

RUN DATE: 3/26/02

RUN TIME: 9:47 AM

Lake Ellen Villas, Inc.

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BOARD/COMMITTEE MEMBERS REPORT AS OF 03/26/02

NAME/ADDRESS

TITLE

TERM EXPIRATION

CLASS: PRESIDENT

SAM BAILEY
3405 Ellenwood Lane
Tampa FL 33618

A. Hutchins
President
WORK PHONE: 813-264-7137
HOME PHONE: 8137601834SB

752606/065603

CLASS: VICE PRESIDENT

Lance Jones
3413 Ellenwood Lane
Tampa FL 33618

Vice President
WORK PHONE:
HOME PHONE: 813-968-9369

CLASS: TREASURER

JIM KAMPENGA
3428 Ellenwood Lane
Tampa FL 33618

Treasurer
WORK PHONE:
HOME PHONE:

CLASS: SECRETARY

MARLENE PLATT
314 Ellenwood Lane
Tampa FL 33618

Secretary
WORK PHONE:
HOME PHONE:

CLASS: DIRECTOR

No Officers/Members in This Class

-- End of report --