2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#752606

FILED Mar 08, 2009 Secretary of State

Entity Name: LAKE ELLEN VILLAS, INC.

Current Principal Place of Business: New Principal Place of Business:

16105 N. FLORIDA SUITE A LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

16105 N. FLORIDA SUITE A LUTZ, FL 33549

FEI Number: 59-3095876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAILEY, SAM 3405 ELLENWOOD LANE TAMPA, FL 33618 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BAILEY, SAM
 Name:

 Address:
 3405 ELLENWOOD LANE
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VPD} \qquad \mbox{(X) Change () Addition}$

 Name:
 BARBERY, O. HOWARD
 Name:
 BARBERY, O. HOWARD

 Address:
 3407 ELLENWOOD LANE
 Address:
 3407 ELLENWOOD LANE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

Title: ST () Delete Title: STD (X) Change () Addition

 Name:
 PLATT, MARLENE
 Name:
 PLATT, MARLENE

 Address:
 3414 ELLENWOOD LANE
 Address:
 3414 ELLENWOOD LANE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM BAILEY PRES 03/08/2009