

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752606

Entity Name: LAKE ELLEN VILLAS, INC.**Current Principal Place of Business:**18550 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548**Current Mailing Address:**C/O WISE PROPERTY MANAGEMENT, INC.
18550 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 US**FEI Number:** 59-3095876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAUSIER, CHARLES E
400 N. ASHLEY DRIVE
SUITE 2020
TAMPA, FL 33602 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**Officer/Director Detail :**

Title	PRESIDENT
Name	BAILEY, SAM
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	VP
Name	COCCIA, JAMES P.
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	TREASURER
Name	MARTINEZ, NANCY
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	PLATT, MARLENE
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	SECRETARY
Name	HUNTER, KATHERINE
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

I hereby 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 all other like empowered.

SIGNATURE: SAM BAILEY

PRESIDENT

03/26/2019

Electronic Signature of Signing Officer/Director Detail_____
Date