2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745796

FILED Jan 13, 2009 Secretary of State

Entity Name: LAKE ELLEN WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3205 STONEYBROOK LANE TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 3205 STONEYBROOK LANE TAMPA, FL 33618 FEI Number: 59-1920301 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: JORDAN, NEELY C T 3205 STONEYBROOK LANE TAMPA, FL 33618 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: D/VP () Delete () Change () Addition BELLOMO, RYAN Name: Name: 3210 ROWAN LANE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PETRYLKO, DENISE Name: PETRYLKA, DENISE Address: 3204 GRENADA WAY Address: 3204 GRENADA WAY City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change () Addition HOWELL, DAVID Name: Name: Address: 13121 TIFTON DR Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: JORDAN, NEELY Name: 3205 STONEYBROOK LANE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: (X) Change () Addition REDNOR-MAIDE, THERESA REDNER-MAIDA, TERESA Name: Name: 3104 WESSON WAY 3104 WESSON WAY Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change () Addition OBAUGH, ED Name: Name: Address: 3101 WESSON WAY Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip:

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: NEELY JORDAN T 01/13/2009