## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 04, 2006 8:00 am Secretary of State

Pincopel Pisco of Business  INTER 13569  2. Principal Pisco of Business  Sulta, Api 4, etc.  Sulta, Api 4,	DOCUMENT # 752606  1. Ertity Name LAKE ELLEN VILLAS, INC.						03-15-2006 90	0096 018 **	**61.25	
SUITE A 13549  2. Principal Paces of Blusness  Suite, Apt 4, etc.	I									
2. Principal Packs of Business  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Coy A State  A FEI Number  Sponsor of Pack Policial of Status Desired  S. Certificate o	SUITE A		SUITE A	SUITE A			- * ^			
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City & State  Ci	Principal Place of Business     3. Mailing Address				· · · · · · · · · · · · · · · · · · ·	·				
Substance   Subs	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102008	Chg-NP C	R2E037 (11/05)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Certificate of Status Desired  7. Name and Address of New Registered Agent  8. The above named entry such this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  8. The above named entry such this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  8. Signature:  Futing Five is \$61.28  Due by May 1, 2006  8. Election Cempeign Financing Trust Fund Contribution  9. Election Cempeign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  15. Change PRATE AGENT AND A FL 33618  15. Change PRATE AGENT AND A FL 33619  15. Chan	City & State		City & State							
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SITE LENNOOD LANE TAMPA, FL 33618  Site of Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named anely submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida Department of State  10. OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change   Addition   Additio		6. Name and Address of Curren	t Registered Agent		Nama	7. Rame an	d Address of New Regist	ered Agent		
TAMPA, FL 33618  City  FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. As a proper family of the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent.  SIGNATURE:  POINT Residence agent and the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent.  POINT Residence agent and the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the purpose of changing its registered agent, of the purpose of changing its registered agent, of the purpose of the purpose of changing its registered agent, of the purpose of changi										
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Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   BAILEY, SAM   BAILEY, SAM   Addition   MAKE   STRET ADDRESS   MAKE   STRET ADDRESS   MAKE   MAKE   STRET ADDRESS   MAKE   MAKE   STRET ADDRESS   MAKE   MAKE										
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NAME STREET ADDRESS CITY-ST-ZP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 synaparue shall have the same legal effect as if made under oath; that I am an office or drector of the corporation of the receiver or trustee emowered 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 empowered.  SIGNATURE:  SAM DAI & Y PR & SILETT 2-9-06		T7	RESIDENT			AMPA	+ 33618			
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