

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-15-2006 90096 018 \*\*\*\*61.25

<b>DOCUMENT # 752606</b> 1. Entity Name <b>LAKE ELLEN VILLAS, INC.</b>					
Principal Place of Business 16105 N. FLORIDA SUITE A LUTZ, FL 33549			Mailing Address 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 <b>59-3095876</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAILEY, SAM</b> <b>3405 ELLENWOOD LANE</b> <b>TAMPA, FL 33618</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BAILEY, SAM</b> <b>3405 ELLENWOOD LANE</b> <b>TAMPA, FL 33618</b> <i>PRESIDENT</i> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARBERY, O. HOWARD</b> <b>3407 ELLENWOOD LANE</b> <b>TAMPA, FL 33618</b> <i>VICE PRESIDENT</i> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>LD</del> <b>LANCE JONES</b> <b>3413 ELLENWOOD</b> <b>TAMPA FL 33618</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DYKES, RON</b> <b>3418 ELLENWOOD LANE</b> <b>TAMPA, FL 33618</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> <b>JIM KAMPENGA</b> <b>3428 ELLENWOOD</b> <b>TAMPA FL 33618</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PLATT, MARLENE</b> <b>3414 ELLENWOOD LANE</b> <b>TAMPA, FL 33618</b> <i>SECRETARY DIRECTOR</i> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>LINDA MURRAY</b> <b>3426 ELLENWOOD</b> <b>TAMPA FL 33618</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH RYAN <b>3424 ELLENWOOD LANE</b> <b>TAMPA, FL 33618</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 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 empowered.					
SIGNATURE: <u>S. Bailey</u> <b>SAM BAILEY</b> <b>PRESIDENT</b> <b>2-9-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

813-264-7137