2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90314 047 ****70.00

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1. Entity Name
LAKE ELLEN WALK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3974 TAMPA RD B OLDSMAR, FL 34677	PO BOX 2157 OLDSMAR, FL 34677

02252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE A
City & State	City & State LUTZ, FL
Zip / Country	Zip / Country 33549 / USA

4. FEI Number
01-0644328
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, JACK B
3974 TAMPA RD
B
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name WILLIAM SPIVEY
Street Address (P.O. Box Number is Not Acceptable)
16105 N. FLORIDA
SUITE A
City LUTZ FL Zip Code 33549

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 WILLIAM C SPIVEY 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESSERLY, MARK 4801 OSPREY DR #403 SAINT PETERSBURG, FL 33711	☒ Delete	PD ANNARELLA, JOHN 16105 N FLORIDA AVE SUITE A LUTZ FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUITLMAN, KEITH 949 BAY ESPLANADE CLEARWATER BEACH, FL 33767	☒ Delete	VD ANDERSON, PAUL 16105 N FLORIDA AVE SUITE A LUTZ FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWISHER, SCOTT 13001 ARBORVIEW PL TAMPA, FL 33618	☒ Delete	SD REIMER, EMILY 16105 N FLORIDA AVE SUITE A LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD SMITH, NAN 16105 N FLORIDA AVE SUITE A LUTZ FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D ROELING, KARYN 16105 N FLORIDA AVE SUITE A LUTZ FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Annarella (President) JOHN ANNARELLA 4-9-04 813-9685645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #