

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90212 048 ****61.25

DOCUMENT # N02000000484

1. Entity Name
LAKE ELLEN WALK ASSOCIATION, INC.



Principal Place of Business
**3974 TAMPA RD
 B
 OLDSMAR, FL 34677**

Mailing Address
**16105 N FLORIDA
 STE A
 LUTZ, FL 33549**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**MEZER, STEVEN
 220 S FRANKLIN
 TAMPA, FL 33602**

40083011



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0644328

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1801 N. Highland Ave
 City **Tampa** **FL** Zip Code **33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANNARELLA, JOHN	
STREET ADDRESS	16105 N FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RYEUS, MICHAEL	
STREET ADDRESS	16105 N FLORIDA AVE STE A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRAWETZ, MARSHA M	
STREET ADDRESS	16105 N FLORIDA AVE STE A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PERRON, MARY	
STREET ADDRESS	16105 N FLORIDA AVE STE A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANEY, DAVID	
STREET ADDRESS	16105 N FLORIDA AVE STE A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jared Miller **JARED MILLER** **4/27/08** **813 968-5665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #