2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N02000000484

Entity Name: LAKE ELLEN WALK ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA RD
B
OLDSMAR, FL 34677

New Principal Place of Business:

16105 N. FLORIDA
A
LUTZ, FL 33549

Current Mailing Address:

16105 N FLORIDA
STE A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 01-0644328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: ANNARELLA, JOHN
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: RYEUS, MICHAEL
Address: 16105 N FLORIDA AVE STE A
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete
Name: KRAWETZ, MARSHA M
Address: 16105 N FLORIDA AVE STE A
City-St-Zip: LUTZ, FL 33549

Title: VSD ( ) Delete
Name: PERRON, MARY
Address: 16105 N FLORIDA AVE STE A
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete
Name: MILLER, JARED
Address: 16105 N. FLORIDA AVE GEA
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ANDERSON, PAUL
Address: 16105 N FLORIDA AVE STE A
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BAZO, KAREN
Address: 16105 N FLORIDA AVE STE A
City-St-Zip: LUTZ, FL 33549

Title: VSD (X) Change ( ) Addition
Name: CANTO, KARIN
Address: 16105 N. FLORIDA AVE STE A
City-St-Zip: LUTZ, FL 33549

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: JOHN ANNARELLA PRES 03/08/2009

Electronic Signature of Signing Officer or Director — Date