FILED
May 27, 2003 8:00 am
Secretary of State
05-02-2003 90127 034 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000484

1. Entity Name
LAKE ELLEN WALK ASSOCIATION, INC.

55043773

Principal Place of Business	Mailing Address
13008 LORNA PLACE TAMPA, FL 33618	13008 LORNA PLACE TAMPA, FL 33618

2. Principal Place of Business	3. Mailing Address
3974 Tampa Rd	P.O. Box 2157
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.
City & State: Oldsmar, FL	City & State: Oldsmar, FL
Zip: 34677 Country	Zip: 34677 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 0196443258 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLOSSER, RICHARD A 600 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602	Name: Hanson, Jack B Street Address (P.O. Box Number is Not Acceptable): 3974 Tampa Rd B City: Oldsmar FL Zip Code: 34677

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: [signature] JACK B. HANSON 4/10/03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when submitting.) DATE

FILE NOW: FEE $ 61.25

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 ☐ Delete Messerly, Mark 4801 Osprey Dr. #403 St. Petersburg, FL 33711	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete Kuitkman, Keith 949 Bay Esplanade Clearwater Beach, FL 33767	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete Swisher, Scott 13001 Arborview Pl. Tampa, FL 33618	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: [signature] Scott Swisher 4/29/03
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #