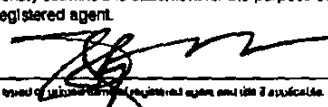
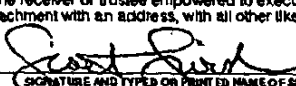


FILED
May 27, 2003 8:00 am
Secretary of State

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.			
Principal Place of Business 13008 LORNA PLACE TAMPA, FL 33618		Mailing Address 13008 LORNA PLACE TAMPA, FL 33618	
2. Principal Place of Business 3974 Tampa Rd Suite, Apt. #, etc. B		3. Mailing Address P.O. Box 2157 Suite, Apt. #, etc.	
City & State Oldsmar, FL		City & State Oldsmar, FL	
Zip 34677		Zip 34677	
Country		Country	
A. FEI Number 010644328		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A 600 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: Hanson, Jack B Street Address (P.O. Box Number Is Not Acceptable) 3974 Tampa Rd 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 of (current or former) registered agent and filer if applicable		JACK B. HANSON 4/15/03 NOTE: Registered Agent's signature required when resigning) DATE	
FILE NOW! FEE \$53125		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 St. Petersburg, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Kuitlman, 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 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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Scott Swisher 4/29/03 Date Daytime Phone #	

55043773



☐ CHECK HERE IF MAKING CHANGES

CR25037 (10/02)