

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N08447** (7)

1. Corporation Name

**LAKE ELLEN LANDINGS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4131 GUNN HIGHWAY TAMPA FL 33624</b>	Mailing Address <b>4131 GUNN HIGHWAY TAMPA FL 33624</b>
--	--

3. Date Incorporated or Qualified

**03/28/1985**

4. FEI Number

**59-2239209**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC  
4131 GUNN HIGHWAY  
TAMPA FL 33624**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>GALLAGHER, PATRICIA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3151 LAKE ELLEN DR</b>	1.2 NAME	<b>RASMUSSEN, JOHN</b>
STREET ADDRESS	<b>TAMPA FL</b>	1.3 STREET ADDRESS	<b>3143 Lake Ellen Drive</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>
TITLE	SD <b>GREENE, JANET</b> <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3155 LAKE ELLEN DR</b>	2.2 NAME	<b>BLOOMQUIST, HONEY</b>
STREET ADDRESS	<b>TAMPA FL</b>	2.3 STREET ADDRESS	<b>3157 Lake Ellen Drive</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>
TITLE	VTD <b>FOWLER, PAM</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3133 LAKE ELLEN DRIVE</b>	3.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

CR2E037 (1097)