

3/22,

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N08447**

1. Entity Name

**LAKE ELLEN LANDINGS TOWNHOMES CONDOMINIUM ASSOCI****FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90043 018 \*\*\*\*61.25

Principal Place of Business

4131 GUNN HIGHWAY  
TAMPA FL 33624

Mailing Address

4131 GUNN HIGHWAY  
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2239209**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENACRE PROPERTIES, INC  
4131 GUNN HIGHWAY  
TAMPA FL 33624

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WOOD, GARY  
3137 LAKE ELLEN DR  
TAMPA FL 33618 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CHRISTENSON, MARILYN  
3139 LAKE ELLEN DR.  
TAMPA FL 33618 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ADLER, PAMELA  
3141 LAKE ELLEN DR  
TAMPA FL 33618 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GRAHAM, KEVIN  
3159 LAKE ELLEN DR  
TAMPA, FL 33618 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
CHRISTENSON, JAMES  
3139 LAKE ELLEN DR  
TAMPA, FL 33618 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS/T  
GREENE, JANET  
3155 LAKE ELLEN DR  
TAMPA, FL 33618 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Daytime Phone #

CR2E037 (10/00)