

3/29

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

03-29-2002 91422 008 ****61.25

DOCUMENT # N08447

1. Entity Name

LAKE ELLEN LANDINGS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

31 GUNN HIGHWAY
TAMPA FL 336244131 GUNN HIGHWAY
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2239209

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, KEVIN	
STREET ADDRESS	3159 LAKE ELLEN DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Adams	
STREET ADDRESS	3143 Lake Ellen Dr.	
CITY-ST-ZIP	Tampa FL 33618	

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSON, JAMES	
STREET ADDRESS	3139 LAKE ELLEN DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Pantaleo	
STREET ADDRESS	3145 Lake Ellen Dr.	
CITY-ST-ZIP	Tampa FL 33618	

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	GREENE, JANET	
STREET ADDRESS	3155 LAKE ELLEN DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	STO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Fowler	
STREET ADDRESS	3133 Lake Ellen Dr.	
CITY-ST-ZIP	Tampa FL 33618	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Anne Adams ANNE ADAMS, PRESIDENT 3/29/02
 (813) 229-1334

CR2E037 (9/01)