
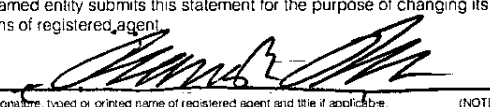



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 042 ****61.25

DOCUMENT # N08447 1. Entity Name LAKE ELLEN LANDINGS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
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 & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2239209	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 S Meirose & Friscia, P.A. Francis Friscia 500 North Westshore Blvd, Ste 830 Tampa, FL 33609		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/27/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 SP	NAME ADAMS, ANNE <input checked="" type="checkbox"/> Delete			TITLE PD	NAME Catoe, Sandra <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3443 LAKE ELLEN DRIVE	CITY-ST-ZIP TAMPA, FL 33618			STREET ADDRESS 3151 Lake Ellen Drive	CITY-ST-ZIP Tampa, FL 33618
TITLE DVP	NAME PANTALEO, THOMAS <input checked="" type="checkbox"/> Delete			TITLE DVP	NAME Marilyn Christensen <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3445 LAKE ELLEN DRIVE	CITY-ST-ZIP TAMPA, FL 33618			STREET ADDRESS 3139 Lake Ellen Drive	CITY-ST-ZIP Tampa, FL 33618
TITLE DST	NAME FOWLER, PAMELA <input checked="" type="checkbox"/> Delete			TITLE DST	NAME Jane Suddath <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3433 LAKE ELLEN DRIVE	CITY-ST-ZIP TAMPA, FL 33618			STREET ADDRESS 3141 Lake Ellen Drive	CITY-ST-ZIP Tampa, FL 33618
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-11-04 813-965-5414 <small>Daytime Phone #</small>	

54039809



01302004 Chg-NP CR2E037 (10/03)