

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02356

FILED
Mar 16, 2009
Secretary of State

Entity Name: LAKE CHATEAU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1500 E JOHNSON AVE
#204
PENSACOLA, FL 32514 US

Current Mailing Address:

1500 E JOHNSON AVE
#204
PENSACOLA, FL 32514 US

New Principal Place of Business:

1500 E JOHNSON AVE
#115
PENSACOLA, FL 32514 US

New Mailing Address:

PO BOX 15014
PENSACOLA, FL 32514 US

FEI Number: 59-2503726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JOHN W
1500 E. JOHNSON AVE.
204
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

DAVIS, EVELYN M
1500 E. JOHNSON AVE.
115
PENSACOLA, FL 32514 US

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: EVELYN M. DAVIS

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BASKIN, BLANCHE
Address: 1500 E JOHNSON AVE #123
City-St-Zip: PENSACOLA, FL 32514 US

Title: P () Delete
Name: KUMAR, KRIS
Address: 1409 CHALET PLACE
City-St-Zip: PENSACOLA, FL 32514 US

Title: D () Delete
Name: DAVIS, EVELYN
Address: 1500 E. JOHNSON AVE., #115
City-St-Zip: PENSACOLA, FL 32514 US

Title: VP (X) Delete
Name: SLATTERY, ANDREW
Address: 1500 E. JOHNSON, 224
City-St-Zip: PENSACOLA, FL 32514 US

Title: ST (X) Delete
Name: WOOD, JOHN
Address: 1500 E JOHNSON RD #204
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, EVELYN M MS
Address: 1500 E JOHNSON AVE #115
City-St-Zip: PENSACOLA, FL 32514 US

Title: VP (X) Change () Addition
Name: BASKIN, BLANCHE B MRS
Address: 1500 EAST JOHNSON AVE #115
City-St-Zip: PENSACOLA, FL 32514 US

Title: D (X) Change () Addition
Name: SLATTERY, ANDREW MR
Address: 1500 EAST JOHNSON AVE #224
City-St-Zip: PENSACOLA, FL 32514 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN M. DAVIS

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date