

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47285

**FILED**  
**Apr 22, 2004**  
**Secretary of State****Entity Name:** CHAINE DU LAC ASSOCIATION, INC.**Current Principal Place of Business:**2180 W SR 434 #5000  
LONGWOOD, FL 32779 US**New Principal Place of Business:**2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US**Current Mailing Address:**2180 W SR 434 #5000  
LONGWOOD, FL 32779 US**New Mailing Address:**2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US**FEI Number:** 59-3222713**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JAMES W HART, JR  
SENTRY MGMT., INC  
2180 W SR 434 #5000  
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**HART, JAMES W JR  
SENTRY MGMT., INC  
2180 W SR 434 #5000  
LONGWOOD, FL 32779 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:** JAMES W HART JR

04/22/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VD ( ) Delete  
**Name:** AZZOUZ, KEVIN H  
**Address:** 12605 LAKE BUTLER BLVD.  
**City-St-Zip:** WINDERMERE, FL 34786**Title:** PD ( ) Delete  
**Name:** BARBER, MIKE  
**Address:** 12253 PARK AVENUE  
**City-St-Zip:** WINDERMERE, FL 34786**Title:** D ( ) Delete  
**Name:** BARBER, MIKE JR  
**Address:** 200 ST. ANDREWS BLVD, #2209  
**City-St-Zip:** WINTER PARK, FL 32792**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change ( ) Addition  
**Name:** AZZOUZ, KEVIN  
**Address:** 12605 LAKE BUTLER BLVD.  
**City-St-Zip:** WINDERMERE, FL 34786**Title:** PD (X) Change ( ) Addition  
**Name:** BARBER, MIKE SR  
**Address:** 12253 PARK AVENUE  
**City-St-Zip:** WINDERMERE, FL 34786**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** MIKE BARBER SR

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date