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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002821 (6)**

1. Corporation Name

LAKE CHATEAU ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
1450 CHALET PLACE PENSACOLA FL 32514 US	1450 CHALET PLACE PENSACOLA FL 32514 US

3. Date Incorporated or Qualified: 06/01/1994

4. FEI Number: 59-3321830 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHLEIFER, JON D 5280 ROWE TR PACE FL 32571	81 Name: JAMES W. EDWARDS 82 Street Address (P.O. Box Number is Not Acceptable) 83: 1450 CHALET PLACE 84 City: PENSACOLA FL 85 Zip Code: 32514

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: J.W. EDWARDS TREAS — 4-7-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	TREAS D	☐ Change ☒ Addition
NAME	SCHLEIFER, JON D		1.2 NAME	JAMES W. EDWARDS	
STREET ADDRESS	5280 ROWE TR		1.3 STREET ADDRESS	1450 CHALET PLACE	
CITY-ST-ZIP	PACE FL 32571		1.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VSD	☒ DELETE	2.1 TITLE	VP D	☐ Change ☒ Addition
NAME	PETERSON, GREGORY M		2.2 NAME	KHRIS KUMAR	
STREET ADDRESS	1470 CHALET PL		2.3 STREET ADDRESS	1490 CHALET PLACE	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	☒ DELETE	3.1 TITLE	SEC D	☐ Change ☒ Addition
NAME	MILLER, ANNABELLE		3.2 NAME	JOYCE LANCASTER	
STREET ADDRESS	1440 CHALET PL		3.3 STREET ADDRESS	1411 CHALET PLACE	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.W. EDWARDS TREAS — 4-7-98