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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002821

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/01/1994
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3321830 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, JAMES W
1450 CHALET PLACE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☐ Change ☐ Addition
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	EDWARDS, JAMES W		2.2 NAME		
STREET ADDRESS	1450 CHALET PLACE		2.3 STREET ADDRESS	1480 CHALET AL	
CITY-ST-ZIP	PENSACOLA FL 32514		2.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VP	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	KUMAR, KHRIS		3.2 NAME		
STREET ADDRESS	1490 CHALET PLACE		3.3 STREET ADDRESS	1481 CHALET AL	
CITY-ST-ZIP	PENSACOLA FL 32514		3.4 CITY-ST-ZIP	PEN FL 32514	
TITLE	SEC	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	LANCASTER, JOYCE		4.2 NAME		
STREET ADDRESS	1491 CHALET PLACE		4.3 STREET ADDRESS	1420 CHALET AL	
CITY-ST-ZIP	PENSACOLA FL 32514		4.4 CITY-ST-ZIP	PEN FL 32514	
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		

TOTAL 4 DIRECTORS

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, with all other like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E027 (1/1/98)