2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400002821



FILED May 19, 2004 8:00 am Secretary of State

1. Entity Name LAKE CHATEAU ESTATES HOMEOWNERS ASSOCIATION, INC.					05-19-2004 90010 038 ****61.25				
1471 CHALET PLACE 1471		Mailing Address 1471 CHALET PLACE PENSACOLA, FL 32514	CHALET PLACE						
2. Principal Place of Business 3. Maili		3. Mailing Address	ng Address		%D50,,,		4. – 5405 4		
Suite, Apt. #, etc.` Sui		Suite, Apt. #, etc.	te, Apt. #, etc.		03092003 Chg-NP		0 2 0 0 9 87 (10/03)	1111	
City & State		City & State	City & State		4. FEI Number 59-3321830		<u> </u>	oplied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent			None	7. Name and Address of New Registered Agent Name					
WOODY, JANICE L				Name					
1471 CHALET PLACE PENSACOLA, FL 32514			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City	City Zip Code					
9 The above	named antity authority this statement for	the aureon of chancing its re-		:	and a country of the Character of Cl	FL	. ['	[
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									
6 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filling Fee is \$61.25. 9. Election Campaign Financing Due by September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State									
10. ,	OFFICERS AND DIF	RECTORS	. 11. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIF	RECTORS IN	10	
uire	D	🔀 Delete	· mile	V	4.11\\.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Change	☐ Addition	
NAME ADDOCCO	KERRELL; BILL 1491 CHALET PLACE	,	NAME STREET ASSOCIATION	10170	t Woody, Scotl chalet Place		* * * .		
STREET ADDRESS CITY-ST-ZIP	PENSACOLA, FL 32514		STREET ADDRESS CITY-ST-ZIP		sacola, FL3251	d.			
TITLE	TD	X) Delete	TITLE	D	Jacola, FL 3431	4	☐ Change	Addition	
NAME	SWORDS, BOBBY L	A Delete	NAME	Zim	morman, Grea		☐ Ottenge	7 Accountant	
STREET ADDRESS	1805 DONEGAL DRIVE		STREET ADDRESS	1491	merman, Greg Chalet Place				
CITY-ST-ZIP	CANTONMENT, FL 32533	.,	CITY-ST-ZIP	Pen	sacola, FL 325	14			
TITLE	DINI DOT. IAMES	🖾 Delete	TITLE				Change	Addition	
NAME Street address	PHILPOT, JAMES 1470 CHALET PLACE		NAME STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA, FL 32514	•	CITY-ST-ZIP						
TITLE	P	□ Delete	TITLE	****			☐ Change	Addition	
NAME	WOODY, SCOTT		NAME .						
STREET ADDRESS CITY-ST-ZIP	1471 CHALET PLACE PENSACOLA, FL 32514		STREET ADDRESS CITY-ST-ZIP						
	S	[] Paleta					Chonen	- Addition	
TITLE Name	LANCASTER, JOYCE	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	1451 CHALET PLACE		STREET ADDRESS		•				
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP						
LUİTE	Т	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	WOODY, JANICE		NAME				1	-	
CITY-ST-ZIP	PENSACOLA, FL. 32514	F. 140 (17.14)	_STREET ADORESS .CITY-ST-ZIP	· · - ?-	and the free of the field for the	7 -15 4 L	1 - 12/12		
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.									
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