

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2009
Secretary of State**

DOCUMENT# N94000002821

Entity Name: LAKE CHATEAU ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1450 CHALET PLACE
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

1450 CHALET PLACE
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3321830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, JAMES W
1450 CHALET PLACE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROOKSS, SHAWN
Address: 1491 CHALET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: BRIDGETTE, JENSEN
Address: 1481 CHALET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: EDWARDS, JAMES
Address: 1450 CHALET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: P (X) Delete
Name: WETZEL, PAUL
Address: 1471 CHALET PLACE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROOKS, SHAWN
Address: 1491 CHALET PLACE
City-St-Zip: PENSACOLA, FL 32514

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

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: JAMES EDWARDS

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02/16/2009

Electronic Signature of Signing Officer or Director

Date