2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED Aug 29, 2003 8:00 am

1. Entity Name LAKE CHATEAU ESTATES HOMEOWNERS ASSOCIATION, INC.					ecretary 08-29-2003 90092		
Principal Plac 1805 DONEGAI CANTONMENT US		Mailing Address 1805 DONEGAL DRIVE CANTONMENT FL 32533 US			áist á láit 48út 188út 48út 188út	an iib ilank isiin il	18 1 (1 8 1 (1 81)
2. Principal P	lace of Business Chalet Place #, etc.	3. Mailing Address 1471 Cha Suite, Apt. #, etc.	ret Plac	ر ا	CHECK HERE IF MAKII		
Sty & State Pens Zip 3251	acola, -FL-	giy & State Lem Sacolo Zip 32514	Country U.S	4. FEI Number 5 5. Certificate of 9		} 	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Name and Address of Current			7. Name and Ad	dress of New Registere	d Agent	
1805 DO I	, Bobby L Negal Drive Ment Fl 32533	Street Address (P.O. Box Number is Not Acceptable 1471 Chalet Pace					
		No.	City R	ensacola.	F	L Zip Sod	514
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or re	egistered agent, or both, in	n the State of Florida. I a	m familiar with,	and accept
SIGNATURE	Signardire typed or printed name of registered agent a	s dy Janice and title justificable. (NOTE: F		o control required when reinstating)	S S	26/03	
	FILE NOW: FEE IS \$61.25 tember 10, 2003; min will be \$2	eaign Financing ntribution.	\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR		11.		GES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	D KERRELL, BILL 1491 CHALET PLACE PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	resident Scott Woody 1471 Chalety Pensacola	Place Fi 30514	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	TD SWORDS, BOBBY L 1805 DONEGAL DRIVE CANTONMENT FL 32533	☐ Delete	TITLE NAME STREET ADDRESS*	Secretary Jayce	+ Place	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILPOT, JAMES 1470 CHALET PLACE PENSACOLA FL 32514	☐ Delete		Pensacola Treasurer Tanke Wood 1471 Chalet Pensacola,	Alace 51 32514	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE		☐ Delete	TITLE		······································	Change	Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP