

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **765850** (3)

1. Corporation Name

**VILLA CHATEAUS OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**35 CHATEAU ROAD  
PANAMA CITY FL 32413  
US**

**35 CHATEAU ROAD  
PANAMA CITY FL 32413  
US**



3. Date Incorporated or Qualified

**11/23/1982**

4. FEI Number

**59-2315425**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** Zip

Country

**29** Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAPPE, STAN  
317 MAGNOLIA AVE.  
PANAMA CITY FL**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **DAVID HONEYGUTT**  
STREET ADDRESS **28 CHATEAU ROAD**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **JOHN CHRISTIAN**  
STREET ADDRESS **1233 GRAY LYNN DR**  
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ DELETE

NAME **JEAN WILLIAMS**  
STREET ADDRESS **35 CHATEAU ROAD**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE ☐ DELETE

NAME **HENRY HICKS**  
STREET ADDRESS **2909 PORTER GLADE CT**  
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **WAYNE TUCKER**  
STREET ADDRESS **16 CHATEAU ROAD**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE ☐ DELETE

NAME **ROBERT RAINS**  
STREET ADDRESS **15 CHATEAU RD**  
CITY-ST-ZIP **PANAMA CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **MAC Mc DONALD**  
STREET ADDRESS **314 English Cir**  
CITY-ST-ZIP **BIRMINGHAM, AL 35209**

2.1 TITLE ☒ Change ☐ Addition

NAME **BOBBY DUKE**  
STREET ADDRESS **12 CHATEAU RD**  
CITY-ST-ZIP **PANAMA CITY Bch, FL 32413**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Jean Williams* **Jean Williams**

**3-2-98 (842) 295-7845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0009787

CR2E037 (1097)