2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 765850

Entity Name: VILLA CHATEAUS OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

16 CHATEAU RD
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 7323
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-2315425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAPPE, STAN
317 MAGNOLIA AVE.
PANAMA CITY, FL 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:	VP	( ) Delete
Name:	MCDONALD, MAX	
Address:	314 ENGLISH CIRCLE	
City-St-Zip:	BIRMINGHAM, AL 35209	
Title:	PD	( ) Delete
Name:	BIERLEY, STEVE	
Address:	1524 HIGHLAND DRIVE	
City-St-Zip:	BIRMINGHAM, AL 35235	
Title:	D	( ) Delete
Name:	DAVIS, GENE	
Address:	197 TRAVELERS REST ROAD	
City-St-Zip:	SAMPSON, AL 36477	
Title:	D	( ) Delete
Name:	FRANK, DENSON	
Address:	3417 BANKS MOUNTAIN DRIVE	
City-St-Zip:	GAINESVILLE, GA 30506	
Title:	T	( ) Delete
Name:	PEARSON, JOANN	
Address:	16 CHATEAU ROAD	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	D	( ) Delete
Name:	TUCKER, LEROY	
Address:	2361 TUXEDO DRIVE	
City-St-Zip:	MARIETTA, GA 30067	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOANN PEARSON T 02/19/2009

Electronic Signature of Signing Officer or Director — Date