

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727793

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** HOME OWNERS LEAGUE OF CHATELAINE, INC.

**Current Principal Place of Business:**

P.O. BOX 7481  
DELRAY BEACH, FL 334844481

**New Principal Place of Business:**

3400 PLACE VALENCAY  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

P.O. BOX 7481  
DELRAY BEACH, FL 334844481

**New Mailing Address:**

3400 PLACE VALENCAY  
DELRAY BEACH, FL 33445

**FEI Number:** 52-6529757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, JAYNE  
3400 PLACE VALENCAY  
DELRAY BEACH, FL 33445 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: T ( ) Delete  
Name: DURDEN, CLIFFORD H  
Address: 702 BLVD. CHATELAINE EAST  
City-St-Zip: DELRAY BEACH, FL 334452211

Title: D ( ) Delete  
Name: FINST, ALICE  
Address: 707 PL. TAVANT  
City-St-Zip: DELRAY BEACH, FL 334452211

Title: PD ( ) Delete  
Name: KING, JAYNE  
Address: 3400 PLACE VALENCAY  
City-St-Zip: DELRAY BEACH, FL 33445

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAYNE KING

PRES

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date