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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:58

DOCUMENT # 732561 (6)

1. Corporation Name

LAKE CHARLENE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 330 BUNKER HILL DRIVE<br>PENSACOLA FL 32506 | 330 BUNKER HILL DRIVE<br>PENSACOLA FL 32506 |

3. Date Incorporated or Qualified: 04/24/1975
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1646361 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 21 | 26 | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FANNING, CLIFFORD E<br>4504 TWIN OAKS DR., STE 101<br>PENSACOLA FL 32506 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | TD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CROUCH, PERRY B | 1.2 NAME | | |
| STREET ADDRESS | 330 BUNDKER HILL DR | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | BARRON, W. D. | 2.2 NAME | NICHOLS, LLOYD B. | |
| STREET ADDRESS | 370 BUNKER HILL DR. | 2.3 STREET ADDRESS | 426 BUNKER HILL DR | |
| CITY-ST-ZIP | PENSACOLA FL 00000 | 2.4 CITY-ST-ZIP | PENSACOLA, FL 32506 | |
| TITLE | VD | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | KIERSTEAD, ROY | 3.2 NAME | DAVIS, ELLIS WAYNE | |
| STREET ADDRESS | 6931 KITTY HAWK DRIVE | 3.3 STREET ADDRESS | 310 S. 61st. AVE. | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | PENSACOLA, FL 32506 | |
| TITLE | VD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SALOMON, SCIB | 4.2 NAME | | |
| STREET ADDRESS | 6526 LAKE CHARLENE DR | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | 5.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | SCALES, HAZEL H. | 5.2 NAME | RUBINO, SANDRA B. | |
| STREET ADDRESS | 6556 LAKE CHARLENE DR. | 5.3 STREET ADDRESS | 6816 KITTY HAWK CIRCLE | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | PENSACOLA, FL 32506 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: PERRY B. CROUCH Perry B. Crouch 13 JAN. 1995 (904) 453-1032
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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