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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **732561** (6)

1. Corporation Name

LAKE CHARLENE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

310 SOUTH 61ST AVENUE
PENSACOLA FL 32506
US

Mailing Address

310 SOUTH 61ST AVENUE
PENSACOLA FL 32506-5639
US

3. Date Incorporated or Qualified
04/24/1975

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

4. FEI Number

59-1646361

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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
4504 TWIN OAKS DR., STE 101
PENSACOLA FL 32506

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 **VD** ☒ DELETE
NAME **HOGAN, WILLIAM C.**
STREET ADDRESS **6979 LAKE JOANNE DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PD** ☐ DELETE
NAME **NICHOLS, LLOYD B.**
STREET ADDRESS **426 BUNKER HILL DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** ☐ DELETE
NAME **DAVIS, ELLIS WAYNE**
STREET ADDRESS **310 S. 61ST. AVE.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ DELETE
NAME **HALLIGAN, DOROTHY**
STREET ADDRESS **422 BUNKER HILL DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☐ DELETE
NAME **RUBINO, SANDRA B.**
STREET ADDRESS **6816 KITTY HAWK CIRCLE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **Smith, David**
1.3 STREET ADDRESS **6240 Lake Charlene Dr.**
1.4 CITY-ST-ZIP **Pensacola, FL 32506**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 do 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: *Ellis Wayne Davis* **ELLIS WAYNE DAVIS** 2/27/97 (604) 455-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072850

CR2E037 (9/96)