FILE NOW: FILING FEE IS $61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90102 010 ****61.25

0077983

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732561**

1. Corporation Name
LAKE CHARLENE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
310 SOUTH 61ST AVENUE PENSACOLA FL 32506 US	310 SOUTH 61ST AVENUE PENSACOLA FL 32506 US

2. Principal Place of Business 21 6819 KITTY HAWK CIRCLE	2a. Mailing Address 26 6819 KITTY HAWK CIRCLE	3. Date Incorporated or Qualifed 04/24/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1646361 ☐ Applied For ☐ Not Applicable
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32506 25 US	Zip / Country 29 32506 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FANNING, CLIFFORD E
4504 TWIN OAKS DR., STE 101
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name: THIRY, G. E.
82 Street Address (P.O. Box Number is Not Acceptable): 319 S 61ST AVE
83
84 City: PENSACOLA **FL** 85 Zip Code: 32506

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: G. E. Thiry PRESIDENT 2/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, DAVID 6240 LAKE CHARLENE DR PENSACOLA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD SMITH, DAVID 6240 LAKE CHARLENE DR PENSACOLA, FL 32506 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THIRY, G.E 319 S 61ST AVE PENSACOLA FL 32506	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, ELLIS WAYNE 310 S. 61ST. AVE. PENSACOLA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD HATSFELT, LOUIS E. 6819 KITTY HAWK CIRCLE PENSACOLA, FL 32506 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAYNE, JOHN 6989 LAKE JOANNE DR PENSACOLA FL 23250	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD PAYNE, JOHN 6989 LAKE JOANNE DR PENSACOLA, FL 32506 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUBINO, SANDRA B. 6816 KITTY HAWK CIRCLE PENSACOLA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD RUBINO, SANDRA B. 6816 KITTY HAWK CIRCLE PENSACOLA, FL 32506 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: REQUIRED Louis E. Hatsfelt 3/8/99 (850) 452-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #