

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732561

1. Entity Name

LAKE CHARLENE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90040 023 ****61.25

Principal Place of Business
6819 KITTY HAWK CIRCLE
PENSACOLA FL 32506
US

Mailing Address
6819 KITTY HAWK CIRCLE
PENSACOLA FL 32506-8600
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1646361

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THIRY, E G
319 S 61ST AVE
PENSACOLA FL 32506

Name MCMILLIN, SANDRA E.

Street Address 325 SOUTH 61ST AVE. (Not Acceptable)

City PENSACOLA

FL

Zip Code 32506

8. 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 SANDRA E. MCMILLIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sandra E. McMillin 3/28/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME SMITH, DAVID ☐ Delete
STREET ADDRESS 6240 LAKE CHARLENE DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE VD
NAME WALKER, JERRY M. ☒ Change ☐ Addition
STREET ADDRESS 328 SOUTH 61ST AVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE PD
NAME THIRY, E G ☐ Delete
STREET ADDRESS 319 S 61ST AVE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE PD
NAME MCMILLIN, SANDRA E. ☒ Change ☐ Addition
STREET ADDRESS 325 SOUTH 61ST AVE.
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE TD
NAME HATSFELT, LOUIS E ☐ Delete
STREET ADDRESS 6819 KITTY HAWK CIRCLE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME PAYNE, JOHN ☐ Delete
STREET ADDRESS 6989 LAKE JOANNE DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE VD
NAME CLINE, JOHN D. ☒ Change ☐ Addition
STREET ADDRESS 6289 LAKE CHARLENE DR.
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE SD
NAME RUBINO, SANDRA B. ☐ Delete
STREET ADDRESS 6816 KITTY HAWK CIRCLE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS HATSFELT 3/29/00 (850) 452-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)