

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732561

FILED
Apr 14, 2009
Secretary of State

Entity Name: LAKE CHARLENE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 36277
PENSACOLA, FL 32516 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 36277
PENSACOLA, FL 32516 US

New Mailing Address:

FEI Number: 59-1646361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, DEAN
6200 LAKE CHARLENE DRIVE
PENSACOLA, FL 32506 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: PD () Delete
Name: KIRSCHNER, DEAN
Address: 6200 LAKE CHARLENE DR
City-St-Zip: PENSACOLA, FL 32506 US

Title: VD () Delete
Name: MCCARTY, PHIL
Address: 6823 LAKE CHARLENE DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: D () Delete
Name: HILL, MICHAEL
Address: 370 BUNKER HILL DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: TD () Delete
Name: MAXWELL, MELVIN
Address: 306 S 61ST AVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: SD () Delete
Name: MCCARTY, JACQUELINE
Address: 6823 LAKE CHARLENE DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

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:

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 exemption stated in Chapter 119, 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: MELVIN MAXWELL

TD

04/14/2009

Electronic Signature of Signing Officer or Director

Date