2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2010
Secretary of State

DOCUMENT# 732561

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:

306 SOUTH 61ST AVENUE
PENSACOLA, FL 32506 US

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
Name: KIRSCHNER, DEAN
Address: 6200 LAKE CHARLENE DR
City-St-Zip: PENSACOLA, FL 32506 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MELVIN L MAXWELL TD 04/04/2010

Electronic Signature of Signing Officer or Director Date