

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90097 004 ****61.25

DOCUMENT # 732561

1. Entity Name
LAKE CHARLENE HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
**6819 KITTY HAWK CIRCLE
PENSACOLA FL 32506
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1646361**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCMILLIN, SANDRA E
325 S. 61ST AVE
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	WALKER, JERRY M	
STREET ADDRESS	328 S. 61ST AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	PD	☐ Delete
NAME	MCMILLIN, SANDRA E	
STREET ADDRESS	328 S. 61ST AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	TD	☐ Delete
NAME	HATSFELT, LOUIS E	
STREET ADDRESS	6819 KITTY HAWK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	☐ Delete
NAME	JOHNSON, FRANK	
STREET ADDRESS	6516 LAKE CHARLENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SD	☐ Delete
NAME	BRADY, BARBARA	
STREET ADDRESS	6904 KITTY HAWK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

01/28/03 850.458.6463

CR2E037 (10/02)