

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740403

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** CHATEAU LA MER CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HIGHWAY 20 E  
SUITE 312  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5263  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-1906749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANDSBERGER, DARLANE  
4400 HIGHWAY 20 EAST  
SUITE 312  
NICEVILLE, FL 32578 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: MORROW, JOHN  
Address: 11 TIMOTHY TRACE  
City-St-Zip: ANNISTON, AL 36207

Title: VD ( ) Delete  
Name: SHORTER, BARBARA  
Address: 1027 WILLOW PARK DR  
City-St-Zip: HUNTSVILLE, AL 35803

Title: SD ( ) Delete  
Name: WILCOX, BARBARA  
Address: 523 OAK ALLEY DR  
City-St-Zip: PEARL RIVER, LA 70452

Title: TD ( ) Delete  
Name: BROWNLIE, MICHAEL  
Address: 104 WYNN PL  
City-St-Zip: WARNER ROBBINS, GA 31088

Title: D ( ) Delete  
Name: MCCORMICK, VERONICA  
Address: 89 N LAKE DRIVE  
City-St-Zip: CAPE GIRARDEAU, MO 63701

**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: JOHN MORROW

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date