

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 744715

1. Entity Name

LACHEN HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

101 S INTERLACHEN AVE
#202
WINTER PARK FL 32789

Mailing Address

P.O. BOX 3575
WINTER PARK FL 32790



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1870611

Applied For

Not Applicable

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

PACY, JOSEPH J
501 S. NEW YORK AVE #210
WINTER PARK FL 32789

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

Betty L. Armantrout

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-11-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 STD
NAME ARMANTROUT, BETTY L. ☐ Delete
STREET ADDRESS 101 S. INTERLACHEN #202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DP
NAME PACY, JOSEPH J. ☐ Delete
STREET ADDRESS 501 S. NEW YORK AVE #210
CITY-ST-ZIP WINTER PARK FL

TITLE VPD
NAME EVERBACH, CHARLOTTE ☐ Delete
STREET ADDRESS 2018 COVE TRAIL
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
U00000567255
06/16/06-80001-005 61.25

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

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

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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 exemptions contained in Section 119, 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

Betty L. Armantrout / BETTY L. ARMANTROUT

6-11-06 407-647-0349