2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# 758841

Entity Name: CHATEAU LA MER II CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3755 SCENIC HIGHWAY 98
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

3755 SCENIC HIGHWAY 98
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-2208173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBSON, JAMES B GM
3755 SCENIC HWY 98
DESTIN, FL 32541 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: D ( ) Delete
Name: RHODES, LAURA,
Address: 5029 BRIAR CREEK TRL.
City-St-Zip: ANDERSON, SC

Title: D ( ) Delete
Name: PANOS, JOHN,
Address: 1652 HARTLAND
City-St-Zip: DECATUR, GA

Title: DT ( ) Delete
Name: BAKER, CHARLES
Address: 133 HIGHWOOD DR
City-St-Zip: HUEYTOWN, AL

Title: DP ( ) Delete
Name: LUPPERT, DAVID R
Address: 7154 ROYAL GREEN DRIVE
City-St-Zip: CINCINNATI, OH 45244

Title: D ( ) Delete
Name: GREEN, PAT
Address: 408 BELVOIR DRIVE
City-St-Zip: MONTGOMERY, AL

Title: DV ( ) Delete
Name: DOGGETT, ROBERT
Address: 5807 ROPES AVE
City-St-Zip: CINCINNATI, OH 45244

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVE R. LUPPERT DP 03/11/2005

Electronic Signature of Signing Officer or Director — Date