2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
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 29625 US	
Title:	DS	( ) Delete
Name:	OLMSTED, DONALD	
Address:	608 RIDGEVIEW DRIVE	
City-St-Zip:	CORUNNA, MI 48817 US	
Title:	DT	( ) Delete
Name:	BAKER, CHARLES	
Address:	2962 LONE OAKS ROAD	
City-St-Zip:	HUEYTOWN, AL 35023 US	
Title:	DP	( ) Delete
Name:	LUPPERT, DAVID R	
Address:	7154 ROYAL GREEN DRIVE	
City-St-Zip:	CINCINNATI, OH 45244 US	
Title:	DV	( ) Delete
Name:	GREEN, PAT	
Address:	6409 ASHTON CIRCLE	
City-St-Zip:	MONTGOMERY, AL 36117 US	
Title:	D	( ) Delete
Name:	DOGGETT, ROBERT	
Address:	5807 ROPES AVE	
City-St-Zip:	CINCINNATI, OH 45244 US	

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 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: DAVE LUPPERT DP 01/12/2007

Electronic Signature of Signing Officer or Director — Date