2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
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 ( )**

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 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: DAVID R. LUPPERT PRES 03/19/2009

Electronic Signature of Signing Officer or Director — Date