2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

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1. Entity Nan 333 61ST	MENT #768336 LAKE CHARLENE COND ATION, INC.	OMINIUM			guver	,			
333 SOUTH 61ST AVENUE 333 P 0 BOX 3752 P 0		Mailing Address 333 SOUTH 61ST AVEN P 0 BOX 3752 PENSACOLA, FL 32516	333 SOUTH 61ST AVENUE P 0 Box 3752			183 18688 ANDR ANDR AND			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232006	Chg-NP	CR2E037	(11/05)	
City & State		City & State			4. FEI Number 59-23071	158			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Ade e Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Ag	ent	
WALKER, DOROTHY			Na						
333 S. 619 PENSACC	ST AVE #9 DLA, FL 32506		Street Address (P.O. Box Number i	s Not Acceptable	:)		
			Cit	<u></u>				Zip Cod	
R The above	named entity submits this statement f	or the nursuse of changing its	· · · · · · · ·	•	ed agent, or both	in the State of Flo	FL vida Lamfan	,	
	tions of registered agent.	or the purpose of chariging has	ogister ou un	ice or register	ed agent, or both,	III II IO SIAIG OI I IC	mua. Familan	maar watir,	ано ассері
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SIGNATURE	Signature, typed or printed name of registered agen	<u> </u>		signature required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ca	paign Financ		\$5.00 May Be Added to Fees		DATE ake check p ida Departm	-	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attantment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR