

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90037 013 ****61.25

DOCUMENT # N00883 1. Entity Name LA CHATEAU CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2813 LANGLEY AVENUE PENSACOLA, FL 32504 US				Mailing Address 528 W GARDEN ST 14 W. JORDAN ST STE 2 STE 1L PENSACOLA, FL 32502 US 32501	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2698889	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRESTIGE PROPERTIES/C.J. NYLAND C.J. NYLAND 528 W GARDEN ST STE 2 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VETEK, SUZZANE		NAME		
STREET ADDRESS	2813 LANGLEY DRIVE, #113		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32504		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALIN, JANE		NAME		
STREET ADDRESS	2813 LANGLEY AVE STE 115		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32504		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEAN, WHITE		NAME		
STREET ADDRESS	2813 LANGLEY AVE. #109		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32504		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINSON, MICHAEL		NAME		
STREET ADDRESS	5625 DIXIE DRIVE # 7		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32503		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUGH, SUE ANN		NAME		
STREET ADDRESS	2813 LANGLEY AVE. # 203		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32504		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 attachment with an address, with all other like empowered.					
SIGNATURE:			2/02/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		