

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 037 ****61.25

DOCUMENT # N02356

1. Entity Name
LAKE CHATEAU CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1500 E JOHNSON AVE
#115
PENSACOLA, FL 32514 US**

Mailing Address
**P. O. BOX 15014
PENSACOLA, FL 32514-0014 US**

50033314



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2503726

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREEL, STEVEN
4229 BURTONWOOD DR.
PENSACOLA, FL 32514**

Name **Tammy Holley**

Street Address (P.O. Box Number is Not Acceptable)
1500 E. Johnson Ave #211

City **Pensacola**

FL Zip Code **32514**

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 **Tammy Holley**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-30-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BAILEY, RICHARD L. JR.**
STREET ADDRESS **4229 BURTONWOOD DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **VD** ☐ Delete
NAME **BASKIN, BLANCHE**
STREET ADDRESS **1500 E JOHNSON AVE #123**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **STD** ☒ Delete
NAME **CREEL, STEVEN**
STREET ADDRESS **4229 BURTONWOOD DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **D** ☐ Delete
NAME **DAVIS, EVELYN**
STREET ADDRESS **1500 E. JOHNSON AVE., #215**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Change ☒ Addition
NAME **Holley, Tammy**
STREET ADDRESS **1500 E. Johnson Ave #211**
CITY-ST-ZIP **Pensacola, FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Evelyn M. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05 850-473-6594

Date Daytime Phone