2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90052 003 ****61 25

DOCUMENT # N16337 1. Entity Name CHATEAUX DES LACS HOMEOWNERS' ASSOCIATION, INC.							04-14-2008	8 90052	003	61.25
Principal Place of Business 3684 TAMPA RD, STE 6 SUITE 6 OLDSMAR, FL 34677			Mailing Address 3684 TAMPA RD, STE 6 SUITE 6 OLDSMAR, FL 34677			40068174				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02142008 C	hg-NP	CR2E03	37 (12/06)	
City & State			City & State			4. FEI Number 59-28132	72			plied For Applicable
Zip	Country		Zip Cou		·	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					
CALEDAIT	H CHADIA	N	Name							
GALBRAITH, CHARLA 3684 TAMPA RD SUITE 6					Street Address (P.O. Box Number is Not Acceptable)					
OLDSMAR, FL 34677				C	City	ty FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.						red agent, or both, in	n the State of Flo		familiar with,	and accept
nie emiliante in direction ad adulti										
SIGNATURE										
	<u> </u>		• Fl		!	^-	SERVED DETAIL		COMPANY OF THE	33 4. 000
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flori	da Depar	payable to tment of St	ate T
10.		AND DIRECTORS		11.		ADDITIONS/CHANC	SES TO OFFICE	RS AND DI		
name	DVP CALDWELL, SEAN	☐ Delete	TITLE NAME					Z -Change	☐ Addition	
-	STREET ADDRESS 185 RUE DE LACS			STREET AL	DORESS 22.A	3684 Tampa Rd, Stel				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-		dsmar	FL 3	Šu (a 7	7	
TITLE	DS		☐ Delete	TITLE				<u> </u>	Change	☐ Addition
NAME	HORN, DON		NAME			\sim .	امله			
STREET ADDRESS				STREET AL	DORESS 30	3084 Tampa Ad, Stell				
CITY-ST-ZIP	THE OTHER PROPERTY.					domar,	HL 3	467]	
TITLE NAME	DP JONES, BRIAN		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS	211 RUE DES CHATEAU	ΙX		STREET AL	DORESS 300	84 Tamp	sa Rd	, Ste	6	ļ
CITY-ST-ZIP	TARPON SPRINGS, FL			CITY-ST-	ZP OLG	dsmar,	FL 3	467	7	
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NAME	IM, KAY			NAME	۵.	. S		. 9	Lain	
STREET ADDRESS CITY-ST-ZIP	149 RUEDE CHATEAUX TARPON SPRINGS, FL			STREET AL CITY-ST-		184 Tan			reco	
	TARPON SPRINGS, FL	34009		TITLE		damer,	TC S	رقي ر	☐ Change	Addition
NAME			☐ Delete	NAME	142	EAREY,	CLOVER	د رو د رو		N → COULTOIL
STREET ADDRESS				STREET AL	DORESS 340	84 Tam	ipa to	् जन्द	.0	
CITY-ST-ZIP				CITY-ST-	ZIP ()	ldsmar	FL 3	<u> 7 مىلا</u>	7	
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME OTREET ADDRESS				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET AL	I					l
	pertify that the information cur-	nlied with this filing	does not qualify to			d in Chapter 119 Flo	orida Statutes 1	further cert	ify that the in	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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 bustee 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: