

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.					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2813272 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALBRAITH, CHARLA 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP CALDWELL, SEAN 185 RUE DE LACS TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORN, DON 220 RUE DE LACS TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, BRIAN 211 RUE DES CHATEAUX TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IM, KAY 149 RUE DE CHATEAUX TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHEAREY, CLOVER D 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/10/08 727-945-9846		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					