FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:11

DOCUMENT # N19910 (1)

1. Corporation Name
LES CHATEAU VILLA HOMEOWNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1119 RUE DE DORE TAVARES FL 32778	1119 RUE DE DORE TAVARES FL 32778

3. Date Incorporated or Qualified: 04/01/1987
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2797491 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENNINGTON, KEITH
1119 RUE DE DORE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name: ARNET KASER
82 Street Address (P.O. Box Number is Not Acceptable): 1120 RUE DE DORE
83
84 City: TAVARES FL 85 Zip Code: 32778

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ARNET KASER /Arnet Kaser/ 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HINKLE, LLOYD	1.2 NAME	
STREET ADDRESS	232 RUE DE PARESSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MACKEY, JIM	2.2 NAME	
STREET ADDRESS	220 RUE DE PARESSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ANSELMI, MARY	3.2 NAME	
STREET ADDRESS	248 RUE DE FONTAINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HENDRICKS, HAROLD	4.2 NAME	
STREET ADDRESS	241 RUE DE FONTAINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KASER, ARNET	5.2 NAME	
STREET ADDRESS	1120 RUE DE DORE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	BENNINGTON, KEITH	6.2 NAME	
STREET ADDRESS	1115 RUE DE DORE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith Bennington 1-23-95 904-343-3610
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KEITH BENNINGTON

0032308