

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N19910** (1)

1. Corporation Name

LES CHATEAU VILLA HOMEOWNERS, INC.



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
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2797491

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASER, ARNET
1120 RUE DE DORE
TAVARES FL 32778**

81 Name **Norman Ladue**

82 Street Address (P.O. Box Number is Not Acceptable)
1130 Rue de Dore

83 City

Tavares,

FL

85 Zip Code
32778

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Norman Ladue, D**

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

(NOTE: Registered Agent signature required when reinstating)

1/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HINKLE, LLOYD**
STREET ADDRESS **232 RUE DE PARESSE**
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☐ DELETE
NAME **MACKEY, JIM**
STREET ADDRESS **220 RUE DE PARESSE**
CITY-ST-ZIP **TAVARES FL**

TITLE **SD** ☐ DELETE
NAME **ANSELM, MARY**
STREET ADDRESS **248 RUE DE FONTAINE**
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☐ DELETE
NAME **HENDRICKS, HAROLD**
STREET ADDRESS **241 RUE DE FONTAINE**
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☒ DELETE
NAME **KASER, ARNET**
STREET ADDRESS **1120 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL**

TITLE **TD** ☐ DELETE
NAME **BENNINGTON, KEITH**
STREET ADDRESS **1115 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Norman Ladue**
1.3 STREET ADDRESS **1130 Rue de Dore**
1.4 CITY-ST-ZIP **Tavares, FL 32778**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **William Dunfee**
2.3 STREET ADDRESS **1114 Rue de Dore**
2.4 CITY-ST-ZIP **Tavares, FL 32778**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96
Date

904-343-3610
Daytime Phone #

CR2E037 (12/95)