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**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N19910**

1. Corporation Name

Pri	nc	ipal	Plac	ce of	Bus
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## **FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90075 001 \*\*\*\*61.25

LES CHATEAU VILLA HOMEOWNERS, INC.					181064 - 9087	75 - I 				
rrincipal Place of Business Mailing Address 119 RUE DE DORE 1119 RUE DE DORE AVARES FL 32778 TAVARES FL 32778										
Principal Pl	lace of Business	2a. Mailing	Address				Date Incorporated or Qualifed     04/01/1987			
Suite, Apt. #, etc.		<del> </del>	Suite, Apt. #, etc.				4. FEI Number	Applied For		
<u> </u>		~- 27					59-2797491	<del></del>	t Applicable	
City & State	e	City & S	State				5. Certifcate of Status Desired	\$8.75 A		
Zip	Country	28 Zip		Coun	itry		6. Election Campaign Financing	\$5,00	<del></del> -	
]	25	29	{ <sub>2</sub>	30	,		Trust Fund Contribution	Added to	•	
<u> </u>	9. Name and Address of Currer						10. Name and Address of New Registere	d Agent		
					81 Name	,				
	DE DORE			Ĺ	82 Stree 83	t Addres	ss (P.O. Box Number is Not Acceptable)			
TAVARES	FL 32//8			-	84 City		F	85 Zip (	Code	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such	⊦change was a⊔t	thorized	by the con	d corpor poration	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its	registered gistered	
IGNATURE										
	Signature, typed or printed name of registered age		, (NOTE: F	Registered /	gent signature	required v	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH	AND DIRECTO	RS IN 12	
2.		ND DIRECTORS	DELETE	11 100		Τ-		Change	Addition	
TLE :	PD HILL, ALLAN			1.2 NA	AF	RA	SE Robert M.			
REET ADDRESS	1118 RUE DE DORE			13.STE	REET ADDRES	193		1		
reet Address	TAVARES FL 32778				V 07 700		7 Rue De FONTONNA			
	I INTAILU I L UZIIU			14 CIT		70	7 Rue De FONTONA Vares, FL 31778	7		
			<b>M</b> DELETE	1.4 CIT 2.1 TITI		70	SE, Robert M 7 Rue De Fontovina vares, Fi 31778	Change	Addition	
TLE	D		DELETE		.E	70	7 Rue De Fontona vanes , FL 31778	☐ Change	Addition	
LE ME	D MACKEY, JIM		DELETE	2.1 TITI 2.2 NAJ	.E		7 Rue De Fontona vares, FC 31778	☐ Change	☐ Addition	
'LE IME REET ADDRESS	D MACKEY, JIM 220 RUE DE PARESSE		DELETE	2.1 TITI 2.2 NAJ 2.3 STF	Æ ME		7 Rue De Fontona vares, Fi 31778	☐ Change		
TLE UME REET ADDRESS TY-ST-ZIP	D MACKEY, JIM		DELETE DELETE	2.1 TITI 2.2 NAJ 2.3 STF	.E ME REET ADORES: Y-ST-ZIP		7 Rue De Fontona vares, Fi 31778	☐ Change	☐ Addition	
TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE	D MACKEY, JIM 220 RUE DE PARESSE TAVARES FL			2.1 TITE 2.2 NAI 2.3 STF 2.4 CIT	.E ME REET ADORES: Y-ST-ZIP _E		7 Rue De Fontona vares, Fi 31778	Change		
TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME	D MACKEY, JIM 220 RUE DE PARESSE TAVARES FL SD ANSELMI, MARY			2.1 TITI 22 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	.E ME REET ADORES: Y-ST-ZIP _E	5	7 Rue De Fontona vares, Fi 31778	Change		
TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS	D MACKEY, JIM 220 RUE DE PARESSE TAVARES FL SD ANSELMI, MARY		, DELETE	2.1 TITM 2.2 NAJ 2.3 STF 2. 4 CIT 3.1 TITM 3.2 NAJ 3.3 STF 3.4. CIT	LE ME ME Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	5	7 Rue De Fontona vares, Fi 31778	☐ Change	Additio	
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LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	D MACKEY, JIM 220 RUE DE PARESSE TAVARES FL SD ANSELMI, MARY 248 RUE DE FONTAINE TAVARES FL D RASMUS, NELLIE ROSE 234 RUE DE FOUNTAINE TAVARES FL D LADUE, NORMAN 1130 RUE DE DORE TAVARES FL TD BEDINO, GIL		DELETE	2.1 TITE 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAV 5.3 STF 6.1 TITE 6.2 NAV 6.3 STF	LE  REET ADDRESS Y-ST-ZIP LE  REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS Y-ST-ZIP LE  ME ME REET ADDRESS Y-ST-ZIP LE  ME M	5	7 Rue De Fontaine vares, Fi 31778	☐ Change ☐ Change ☐ Change	Addition	

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, with all other like empowered.

SIGNATURE: