

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 001 ****61.25

DOCUMENT # N19910

1. Corporation Name

LES CHATEAU VILLA HOMEOWNERS, INC.

Principal Place of Business

1119 RUE DE DORE
TAVARES FL 32778

Mailing Address

1119 RUE DE DORE
TAVARES FL 32778



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/01/1987

4. FEI Number

59-2797491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAUDUE, NORMAN
1130 RUE DE DORE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **HILL, ALLAN**
STREET ADDRESS **1118 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL 32778**

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 **RASMUS, NELLIE ROSE**
STREET ADDRESS **234 RUE DE FONTAINE**
CITY-ST-ZIP **TAVARES FL**

TITLE D ☐ DELETE

NAME **LADUE, NORMAN**
STREET ADDRESS **1130 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL**

TITLE TD ☐ DELETE

NAME **BEDINO, GIL**
STREET ADDRESS **1134 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **ROSE, Robert M**
1.3 STREET ADDRESS **237 Rue De Fontaine**
1.4 CITY-ST-ZIP **TAVARES, FL 32778**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

ALLAN A HILL 2/4/99 352-742-
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)