

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90220 032 \*\*\*\*61.25

0024181

DOCUMENT # N19910

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2797491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, TED  
1134 RUE DA DORE  
TAVARES FL 32778

Delete

Name Rose Marie Ladue

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

1130 Rue De Dore

City Tavares

FL

Zip Code 32778

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.

SIGNATURE Rose Marie Ladue

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

Rose Marie Ladue

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/2001

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ROSE, ROBERT M  
STREET ADDRESS 237 RUEDEFONTAINE  
CITY-ST-ZIP TAVARES FL 32778

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 FOUNTAINE  
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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition  
NAME Gough, Richard  
STREET ADDRESS 217 Rue De Paresse  
CITY-ST-ZIP Tavares, FL 32778

TITLE Vice President ☐ Change ☒ Addition  
NAME Dunfee, William  
STREET ADDRESS 1114 Rue De Dore  
CITY-ST-ZIP Tavares, FL 32778

TITLE Board member ☐ Change ☒ Addition  
NAME Carter, Orval  
STREET ADDRESS 221 Rue De Paresse  
CITY-ST-ZIP Tavares, FL 32778

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Lloyd Hinkle Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01

CR2E037 (10/00)