


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 050 ****61.25

DOCUMENT # N19910 1. Entity 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2797491	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LADUE, ROSE MARIE 1130 RUE DE DORE TAVARES, FL 32778			7. Name and Address of New Registered Agent Name PARENT COMPANIES Street Address (P.O. Box Number is Not Acceptable) 413 S. 12th ST City LEESBURG FL Zip Code 34749-2228		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Richard L. Gough</i></u> <u>Richard L. Gough</u> <u>3/19/07</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RASMUS, NELLE R 243 RUE DE FONTAINE TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WING, JAMES 227 RUE DE PARESSE TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GOUGH, RICHARD 217 RUE DE PARESSE TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALES, HUSTON 244 RUE DE FONTAINE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANK LESSARD 213 RUE DE PARESSE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ENBEX, DWIGHT 1116 RUE DE DORE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT OVERT CARROLL 218 RUE DE PARESSE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LADUE, NORMAN 1130 RUE DE DORE TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>RICHARD L. GOUGH</u> <u>Richard L. Gough</u> <u>3-13-07</u> <u>352-343-9388</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40041275



02282007 Chg-NP CR2E037 (12/06)