

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19910

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** LES CHATEAU VILLA HOMEOWNERS, INC.

**Current Principal Place of Business:**

1119 RUE DE DORE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

1119 RUE DE DORE  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 59-2797491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARENT COMPANIES  
613 S. 12TH STREET  
LEESBURG, FL 347492228 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SHEET, ALICE  
Address: 1135 RUE DE DOVE  
City-St-Zip: TAVARES, FL 32778

Title: VD ( ) Delete  
Name: WING, JAMES  
Address: 227 RUE DE PARESSE  
City-St-Zip: TAVARES, FL 32778

Title: T ( ) Delete  
Name: PATTERSON, RON  
Address: 228 RUE DE PAVESSE  
City-St-Zip: TAVARES, FL 32778

Title: VP ( ) Delete  
Name: LESSARD, FRANK  
Address: 213 RUE DE PARESSE  
City-St-Zip: TAVARES, FL 32778

Title: P ( ) Delete  
Name: OVERT, CARROLL  
Address: 218 RUE DE PARESSE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: CHAMPION, CHARLES  
Address: 239 RUE DE FOUNTAINE  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SHORT, ALICE  
Address: 1135 RUE DE DOVE  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: WING, JAMES  
Address: 227 RUE DE PARESSE  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVERT CARROLL

P

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date