

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-10-2003 90174 033 ****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**

55038784

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LADUE, ROSE-MARIE
1409 RUE DE DORE
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **MABEL Siefert**
Street Address (P.O. Box Number is Not Acceptable)
252 Rue de Fontaine
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rose Marie Ladue
Mabel E. Siefert

Park Manager

5-5-03

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HINKLE, LLOYD**
STREET ADDRESS **247 RUE DE FONTAINE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VD** ☐ Delete
NAME **DUNFEE, WILLIAM**
STREET ADDRESS **1114 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **TD** ☐ Delete
NAME **GOUGH, RICHARD**
STREET ADDRESS **217 RUE DE PARESE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **SD** ☐ Delete
NAME **RASMUS, NELLE R**
STREET ADDRESS **243 RUE DE FONTAINE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete
NAME **CARTER, ORVAL**
STREET ADDRESS **221 RUE DE PARESE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete
NAME **LADUE, NORMAN**
STREET ADDRESS **1130 RUE DE DORE**
CITY-ST-ZIP **TAVARES FL 32778**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Vernon Hinkle**
CITY-ST-ZIP **254 Rue de Fontaine**

TITLE ☐ Change ☐ Addition
NAME **Tavares, Fl. 32778**
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

Nellie R. Rasmussen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2003
Date

**(352)
742-0872**
Daytime Phone #

CR2E037 (10/02)