

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90041 047 \*\*\*\*61.25

**DOCUMENT # N21380**

1. Entity Name  
**LA BELLE TERRE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 30631  
PENSACOLA, FL 32504**

Mailing Address  
**P.O. BOX 30631  
P.O. BOX 30631  
PENSACOLA, FL 32503 US**

**40067628**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2883073**

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

**SCHENCK, LUCY  
4790 LAJOLLA  
PENSACOLA, FL 32504**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **P** ☐ Delete  
NAME **THREADGILL, WILLIAM**  
STREET ADDRESS **4691 TERRASANTA**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **S** ☐ Delete  
NAME **GROVE, JILL**  
STREET ADDRESS **6523 TERRASANTA**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **T** ☐ Delete  
NAME **SCHENCK, LUCY**  
STREET ADDRESS **4790 LAJOLLA**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ Delete  
NAME **BLOOM, ROBERT**  
STREET ADDRESS **4730 HA JOLLA**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ Delete  
NAME **BLOOM, LINDA**  
STREET ADDRESS **4730 HAJOLLA**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **VP** ☒ Delete  
NAME **USRY, DONA**  
STREET ADDRESS **6550 TERRASANTA**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **VP BARRACLAUGH, DAVID**  
STREET ADDRESS **6561 CHARDONNAY**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lucy Schenck**

**4/08/08 850-494-1099**

Date

Daytime Phone #