

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90038 046 \*\*\*\*61.25

<b>DOCUMENT # N45668</b> 1. Entity Name <b>LAKE CHARLENE PATIO VILLAS ASSOCIATION, INC.</b>			
Principal Place of Business <b>6660 LAKE CHARLENE LN PENSACOLA, FL 32506</b>		Mailing Address <b>6660 LAKE CHARLENE LN PENSACOLA, FL 32506</b>	
2. Principal Place of Business <b>6392 LAKE CHARLENE LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>6392 LAKE CHARLENE LN</b> Suite, Apt. #, etc.	
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>	
Zip <b>32506</b>		Zip <b>32506</b>	
Country		Country	
4. FEI Number <b>59-3112054</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACBETH, CATHY J 6660 LAKE CHARLENE LANE PENSACOLA, FL 32506</b>		7. Name and Address of New Registered Agent Name <b>JUDD, PAULA</b> Street Address (P.O. Box Number Is Not Acceptable) <b>6392 LAKE CHARLENE LN</b> City <b>PENSACOLA</b> FL <b>32506</b>	
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 <i>Paula Judd</i> <b>PAULA JUDD TREASURER, LCPV ASSN, INC 21 JAN 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACBETH, BLAIR 6660 LAKE CHARLENE LANE PENSACOLA, FL 32506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL BARRON 6410 LK CHARLENE LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRON, BILL 6400 LAKE CHARLENE LANE PENSACOLA, FL 32506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CORBY 6435 LAKE CHARLENE LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACBETH, CATHY J 6660 LAKE CHARLENE LANE PENSACOLA, FL 32506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAULA JUDD 6392 LAKE CHARLENE LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>Paula Judd</i> <b>PAULA JUDD 21 JAN 04 850-456-8104</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			