

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N45668 1. Entity Name LAKE CHARLENE PATIO VILLAS ASSOCIATION, INC.	
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Principal Place of Business 6392 LAKE CHARLENE LN PENSACOLA, FL 32506	Mailing Address 6392 LAKE CHARLENE LN PENSACOLA, FL 32506
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3112054	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JUDD, RAY 6392 LAKE CHARLENE LANE PENSACOLA, FL 32506

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLBY, ED 6435 LAKE CHARLENE LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRON, BILL 6410 LK CHARLENE LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JUDD, RAY 6392 LAKE CHARLENE LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000434535
02/25/06-80005-022 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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: Ray Judd **RAY JUDD** 1/30/06 850-456-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #