## FILED May 16, 2006 8:00 am Secretary of State

2006 NO I	ANNUAL	 	ATION

1. Entity Name LAKE CHATEAU ESTATES HOMEOWNERS ASSOCIATION, INC.					0	5-16-2006 9	90023 038 ****(	51.25	
Principal Plac 1471 CHALE PENSACOLA,	T PLACE	Mailing Address 1471 CHALET PLACE PENSACOLA, FL 32514	US						
2. Principal P	lace of Business  CHALET PLACE	3. Mailing Address	PLACE	<del>-</del>					
YSO CHALET PLACE Suite, Apt. #, etc. PENSACOLA, FL City & State  City & State  City & State		FL	01072006 Chg-NP			CR2E037 (11/05)			
City & State	Country		Country ESCAMBIA		4. FE! Number 59-332183		\$8.75.00	applied For lot Applicable	
3251	6. Name and Address of Current F			14	<ol> <li>Certificate of Sta</li> <li>Name and Adda</li> </ol>		☐ Fee Requir		
1471 CHALET PLACE Street Address			TA MA address (F	(P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32514			14	450 CHALET ALACE FL Zip Code 7 FEMSA COLA FL Zip Code 32514					
9 The shows	named entity submits his statement for	the purpose of changing its rec					FL Zip Co	2514	
	Industrial and the state of the	cert	gistered Office o				100. Fattramma will	, and accept	
£4.1	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees		ike check payable da Department of S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZULEGER, BILL 1460 CHALET PLACE PENSACOLA, FL 32514 V ZIMMERMAN, GREG 1491 CHALET PLACE PENSACOLA, FL 32514 S LANCASTER, JOYCE 1451 CHALET PLACE PENSACOLA, FL 32514	Delete  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	8819 1481 PEN BILL 146	ADDITIONS/CHANGE GETTE JE CHALET (SACOLIA) LZULEGER OCHALET (SKCOLIA) CHALET (SKCOLIA)	FUSEN PLACE FL 325 PLACE	SAND DIRECTORS I	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T WOODY, JANICE 1471 CHALET PLACE PENSACOLA, FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAA 1450 PE	MES EBUR O CHALET WSA COLA	RUS PLACE , FL	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		□ Doloto	STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP				Condinge	☐ Audition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 feeding or turn or the feeding of the corporation or the feeding or the feeding of the corporation or the feeding or the feeding of the f									
SIGNATURE: HILL OF THE SEDWAYS 5-1)-06 BS04741177 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Displace									