
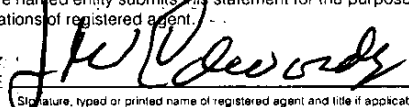
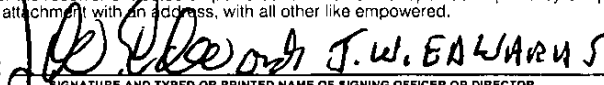


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 045 ****61.25

DOCUMENT # N94000002821			
1. Entity Name LAKE CHATEAU ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1450 CHALET PLACE PENSACOLA, FL 32514 US		Mailing Address 1450 CHALET PLACE PENSACOLA, FL 32514 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, JAMES W 1450 CHALET PLACE PENSACOLA, FL 32514		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: 		DATE: 1-17-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VS NAME BRIDGETTE, JENSEN STREET ADDRESS 1481 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ZULEGER, BILL STREET ADDRESS 1460 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE V NAME SHAWN BROOKS STREET ADDRESS 1491 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME LANCASTER, JOYCE STREET ADDRESS 1451 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE S NAME BRIDGETTE, JENSEN STREET ADDRESS 1481 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME EDWARDS, JAMES STREET ADDRESS 1450 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME BROOKS, SHAWN STREET ADDRESS 1491 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE P NAME PAUL WETZEL STREET ADDRESS 1471 CHALET PLACE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  J.W. EDWARDS		DATE: 1-17-08 DAYTIME PHONE: 850 474 1177	