2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001161

1. Entity Name
LES CHENES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11649 CHARIOT LANE JACKSONVILLE, FL 32223	11649 CHARIOT LANE JACKSONVILLE, FL 32223

U00000923077
05/16/08-80017-005 61.25

03142007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3306156

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOTEN, JOSEPH I
11649 CHARIOT LANE
JACKSONVILLE, FL 32223

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOTEN, JOSEPH I
STREET ADDRESS	11649 CHARIOT LN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	SD
NAME	TUGGLE, JEANMARIE
STREET ADDRESS	11643 CHARIOT LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jeanmarie Tuggle 3.9.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #