

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19910

Entity Name: LES CHATEAU VILLA HOMEOWNERS, INC.**Current Principal Place of Business:**1119 RUE DE DORE
TAVARES, FL 32778**Current Mailing Address:**1119 RUE DE DORE
TAVARES, FL 32778**FEI Number:** 59-2797491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARENT COMPANIES
613 S. 12TH STREET
LEESBURG, FL 34749-2228 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY, DIRECTOR
Name PLOTT, CARTER
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name FAHNESTOCK, DARRELL
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

Title VP, TREASURER, DIRECTOR
Name GRINDER, JOHN
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

Title TREASURER DIRECTOR
Name DERBER, PAUL
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

Title SECRETARY DIRECTOR
Name ORT, SHERRY
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

Title PRESIDENT, DIRECTOR
Name DICKES, DUANE
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name MCCOY, RICHARD
Address 1119 RUE DE DORE
City-State-Zip: TAVARES FL 32778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DUANE DICKES**PRESIDENT****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date