FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:16

DOCUMENT # 721551 (0)

1. Corporation Name
CHATEAU-BY-THE-SEA, INC.

Principal Place of Business	Mailing Address
39 WEST PINE STREET ORLANDO FL 32801	39 WEST PINE STREET ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1971
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-1410730 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRICKEL JR., WILLIAM
39 WEST PINE STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, TONI	1.2 NAME		
STREET ADDRESS	3841 FEATHER OAKS DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BISTLINE, F.W.	2.2 NAME		
STREET ADDRESS	650 EAST BAY AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	TRICKEL, WILLIAM JR.	3.2 NAME		
STREET ADDRESS	39 WEST PINE ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STORY, JAMES	4.2 NAME		
STREET ADDRESS	3663 S. ATLANTIC AVE 12C	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	MAVRIDES, JOE	5.2 NAME		
STREET ADDRESS	709 TUSCARORA TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP		
TITLE	VPD	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	[illegible]	6.2 NAME	ROQUE, MICHAEL	
STREET ADDRESS	[illegible]	6.3 STREET ADDRESS	7705 WEXFORD WAY	
CITY-ST-ZIP	[illegible]	6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Daytime Phone #

0003038