

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721551 (0)

1. Corporation Name

CHATEAU-BY-THE-SEA, INC.



Principal Place of Business

Mailing Address

39 WEST PINE STREET
ORLANDO FL 32801

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ORLANDO FL 32801

3. Date Incorporated or Qualified 08/19/1971	3a. Date of Last Report 02/15/1995
4. FEI Number 59-1410730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Zip	31. Country

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, TONI	1.2 NAME	
STREET ADDRESS	3841 FEATHER OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISTLINE, F.W.	2.2 NAME	HIGGINS, PEGGY
STREET ADDRESS	650 EAST BAY AVE.	2.3 STREET ADDRESS	455 S. Orange Ave., Ste. 700
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAVRIDES, JOE	5.2 NAME	FLOYD, MARION
STREET ADDRESS	709 TUSCARORA TRAIL	5.3 STREET ADDRESS	1475 Dodd Road
CITY-ST-ZIP	MATLAND FL	5.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROQUE, MICHAEL	6.2 NAME	
STREET ADDRESS	7705 WEXFORD WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	6.4 CITY-ST-ZIP	

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)(k), 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: *William Trickel Jr.* DIRECTOR 1/30/96 407-422-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)