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**May 14 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721551 (0)
1. Corporation Name
CHATEAU-BY-THE-SEA, INC.



Principal Place of Business: 39 WEST PINE STREET ORLANDO FL 32801
Mailing Address: 39 WEST PINE STREET ORLANDO FL 32801-2600

3. Date Incorporated or Qualified: 08/19/1971
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

4. FEI Number: 59-1410730
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: PEGGY HIGGINS
82 Street Address (P.O. Box Number is Not Acceptable): 130 HUNTER'S TRAIL
84 City: LONGWOOD FL 85 Zip Code: 32779

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 617.0508 Florida Statutes.

SIGNATURE: *Theresa M. Higgins* 3/21/97
Signature, typed or printed name of registered agent and applicable date of registration (signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	CRAWFORD, TONI	STREET ADDRESS	3841 FEATHER OAKS DR.	CITY-ST-ZIP	JACKSONVILLE FL 32277	<input type="checkbox"/> DELETE
TITLE	D	NAME	BISTLINE, F.W.	STREET ADDRESS	850 EAST BAY AVE.	CITY-ST-ZIP	LONGWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	TRICKEL, WILLIAM JR.	STREET ADDRESS	39 WEST PINE ST.	CITY-ST-ZIP	ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE	VPD	NAME	STORY, JAMES	STREET ADDRESS	3883 S. ATLANTIC AVE 12C	CITY-ST-ZIP	NEW SMYRNA BCH FL	<input type="checkbox"/> DELETE
TITLE	XD	NAME	FLOYD, MARION	STREET ADDRESS	1475 DODD RD.	CITY-ST-ZIP	WINTER PARK FL	<input type="checkbox"/> DELETE
TITLE	PD	NAME	ROQUE, MICHAEL	STREET ADDRESS	7705 WEXFORD WAY	CITY-ST-ZIP	PORT ST LUCIE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TDIRECTOR	1.2 NAME	Toni Crawford	1.3 STREET ADDRESS	3841 Feather Oaks Dr.	1.4 CITY-ST-ZIP	Jacksonville FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	DIRECTOR	2.2 NAME	VIC HUMPHREY	2.3 STREET ADDRESS	2804 E. KESSLER DR.	2.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SECRETARY	3.2 NAME	PEGGY HIGGINS	3.3 STREET ADDRESS	130 HUNTER'S TRAIL	3.4 CITY-ST-ZIP	LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	DIRECTOR	4.2 NAME	KENT H. TRICKEL	4.3 STREET ADDRESS	4715 HALL RD.	4.4 CITY-ST-ZIP	ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	DIRECTOR	5.2 NAME	Marion Floyd	5.3 STREET ADDRESS	1475 Dodd Rd.	5.4 CITY-ST-ZIP	Winter Park FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	P.O BOX 12163	6.4 CITY-ST-ZIP	FT. PIERCE, FL 34979	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAILING ADDRESS STREET ADDRESS N/A

14. I do hereby certify that the information supplied with this filing 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: *Theresa M. Higgins* 407-333-0761

CR2E037 (9/96)