


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																													
<b>DOCUMENT # 721551 (0)</b> 1. Corporation Name <b>CHATEAU-BY-THE-SEA, INC.</b>																																																																																																																	
Principal Place of Business <b>39 WEST PINE STREET ORLANDO FL 32801</b>			Mailing Address <b>39 WEST PINE STREET ORLANDO FL 32801-2630</b>																																																																																																														
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>08/19/1971</b>																																																																																																													
3a. Date of Last Report <b>02/02/1996</b>		4. FEI Number <b>59-1410730</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>TRICKEL JR., WILLIAM 39 WEST PINE STREET ORLANDO FL 32801</b>																																																																																																													
10. Name and Address of New Registered Agent <b>81</b> Name <b>PEGGY HIGGINS</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>130 HUNTER'S TRAIL</b> <b>83</b> <b>84</b> City <b>LONGWOOD</b> <b>FL</b> <b>85</b> Zip Code <b>32779</b>		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 <i>Peggy Higgins</i> <b>3/21/97</b> Signature, typed or printed name of registered agent and not applicable.																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td>CRAWFORD, TONI</td> <td>STREET ADDRESS</td> <td>3841 FEATHER OAKS DR.</td> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32277</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td>BISTLINE, F.W.</td> <td>STREET ADDRESS</td> <td>850 EAST BAY AVE.</td> <td>CITY-ST-ZIP</td> <td>LONGWOOD FL</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td>TRICKEL, WILLIAM JR.</td> <td>STREET ADDRESS</td> <td>39 WEST PINE ST.</td> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>NAME</td> <td>STORY, JAMES</td> <td>STREET ADDRESS</td> <td>3883 S. 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CR2E037 (9/96)

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: *Peggy Higgins* **407-333-0761**