

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90473 009 ****61.25

0002110

DOCUMENT # 721551

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



Principal Place of Business
**3663 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169**

Mailing Address
**3663 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1410730**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRICKEL, KENT
4715 HALL ROAD
ORANGE FL 32817
ORLANDO, FL 32817**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE **4/25/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDDA, VICTOR	
STREET ADDRESS	4015 LAKE MIRA DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEMSCH, MARCUS	
STREET ADDRESS	1281 SEYBOLD TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, MARION DR	
STREET ADDRESS	1475 DODD RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TRICKEL, KENT	
STREET ADDRESS	4715 HALL RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	V	<input type="checkbox"/> Delete
NAME	STORY, AMY C	
STREET ADDRESS	1771 KILLARNEY DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DANCE, HELEN	
STREET ADDRESS	10010 MCCORMICK PL	
CITY-ST-ZIP	KNOXVILLE TN 37923	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxine Benson	
STREET ADDRESS	3801 Harbor Dr.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Sutherland	
STREET ADDRESS	36213 Clear Lake Dr	
CITY-ST-ZIP	Eustis, FL 32736	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Lobs	
STREET ADDRESS	336 OAK ESTATE Dr	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dance, Helen	
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN DANCE REQUIRED Dance 2/13/03 (865) 693-1086

CR2E037 (10/02)