

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:09

DOCUMENT # 723049 (3)
1. Corporation Name
CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7850 ULMERTON RD. 7850 ULMERTON RD.
SUITE #2 SUITE #2
LARGO FL 34641-4057 LARGO FL 34641-4057

3. Date Incorporated or Qualified 04/04/1972 3a. Date of Last Report 03/22/1994
4. FBI Number 59-1524115 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
7850 ULMERTON ROAD
SUITE #2
LARGO FL 33541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
-PB- BOUILLIER, RENE 2207 BELLEAIR RD B-17 CLEARWATER FL
-SB- LAPLANTE, MARY 2209 BELLEAIR RD C-19 CLEARWATER FL
-VB- BROWN, RONALD 2207 BELLEAIR RD B-15 CLEARWATER FL
TD COWING, MARGUERITE 2209 BELLEAIR RD C-14 CLEARWATER FL
-VD- LAVOIE, RENE 2207 BELLEAIR RD B-20 CLEARWATER FL
D MALASICS, LARRY 2211 BELLEAIR RD B-17 CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/D Change Addition
1.2 NAME Conrad Ethier
1.3 STREET ADDRESS 2207 Belleair Rd B-8
1.4 CITY-ST-ZIP Clearwater, FL.
2.1 TITLE VP/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE S/D Change Addition
3.2 NAME Catherine Sanderson
3.3 STREET ADDRESS 2211 Belleair Rd D-12
3.4 CITY-ST-ZIP Clearwater, FL.
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME Edward Korkorian
5.3 STREET ADDRESS 2207 Belleair Rd. B-22
5.4 CITY-ST-ZIP Clearwater, FL.
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 2207 Belleair Rd. B-20
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: Conrad R Ethier 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #