

FILE NOW: FILING FEE IS \$61.25

NON-PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **04/04/1972** 3a. Date of Last Report **02/07/1995**

2. Principal Place of Business 2a. Mailing Address
21 1700 McMullen Booth Road **26 1700 McMullen Booth Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite C-3 **27 Suite C-3**
City & State City & State
23 Clearwater, Florida **28 Clearwater, Florida**
Zip Country Zip Country
24 34619 **25 USA** **29 34619** **30 USA**

4. FEI 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Lennard A. Leighton
82 Street Address (P.O. Box Number is Not Acceptable) c/o Seaboard Arbors Management Services, Inc.
83 1700 McMullen Booth Road, Suite C-3
84 City Clearwater FL 85 Zip Code 34619

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 officer 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: *Lennard A. Leighton* DATE: **1/23/96**
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHIER, CONRAD	1.2 NAME	ETHIER, CONRAD
STREET ADDRESS	2207 BELLEAIR RD B-8	1.3 STREET ADDRESS	2207 BELLAIR ROAD, B-8
CITY-STATE-ZIP	CLEARWATER FL	1.4 CITY-STATE-ZIP	Clearwater, FL. 34624
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPLANTE, MARY	2.2 NAME	BROWN, ROBERT
STREET ADDRESS	2209 BELLEAIR RD C-19	2.3 STREET ADDRESS	2209 BELLEAIR ROAD, C-22
CITY-STATE-ZIP	CLEARWATER FL	2.4 CITY-STATE-ZIP	CLEARWATER, FL. 34624
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, CATHERINE	3.2 NAME	
STREET ADDRESS	2211 BELLEAIR RD D-12	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	3.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWING, MARGUERITE	4.2 NAME	COWING, MARGUERITE
STREET ADDRESS	2209 BELLEAIR RD C-14	4.3 STREET ADDRESS	2209 BELLEAIR ROAD, C-14
CITY-STATE-ZIP	CLEARWATER FL	4.4 CITY-STATE-ZIP	CLEARWATER, FL. 34624
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORKORIAN, EDWARD	5.2 NAME	ARNETT, BUCK
STREET ADDRESS	2207 BELLEAIR RD. B-22	5.3 STREET ADDRESS	2207 BELLEAIR ROAD, C-23
CITY-STATE-ZIP	CLEARWATER FL	5.4 CITY-STATE-ZIP	CLEARWATER, FL. 34624
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALASICS, LARRY	6.2 NAME	DANO, DORIS
STREET ADDRESS	2207 BELLEAIR RD. B-28	6.3 STREET ADDRESS	2207 BELLEAIR ROAD, B-21
CITY-STATE-ZIP	CLEARWATER FL	6.4 CITY-STATE-ZIP	CLEARWATER, FL. 34624

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 199.03(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: *Doris M. Dano, V.P.* DATE: **1/24/96** TELEPHONE: **(813) 536-7603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

TITLE D CHANGE ADDITION

NAME SWEENEY, TIMOTHY

STREET ADDRESS 2209 BELLEAIR ROAD, C-12

CITY-ST-ZIP CLEARWATER, FL. 34624

TITLE CHANGE ADDITION

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE CHANGE ADDITION

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE CHANGE ADDITION

NAME

STREET ADDRESS

CITY-ST-ZIP
