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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723049

1. Corporation Name

CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 1700 MCMULLEN BOOTH ROAD
 SUITE C-3
 CLEARWATER FL 34619
 US

Mailing Address
 1700 MCMULLEN BOOTH ROAD
 SUITE C-3
 CLEARWATER FL 34619
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		04/04/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-1524115	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		29	30	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEIGHTON, LENNARD A. C/O SEABOARD ARBORS MANAGEMENT SERVICES 1700 MCMULLEN BOOTH ROAD, SUITE C3 CLEARWATER FL 34619				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 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ETHIER, CONRAD 2207 BELLEAIR RD B-8 CLEARWATER FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2207 BELLEAIR RD B-8 CLEARWATER FL	1.2 NAME	D Laverdiere, Robert
ST-ZIP		1.3 STREET ADDRESS	2205 Belleair Rd, #A26 Clearwater, FL
TITLE	VPO SANDERSON, CATHERINE 2209 BELLEAIR RD D-12 CLEARWATER FL	1.4 CITY-ST-ZIP	
STREET ADDRESS	2209 BELLEAIR RD D-12 CLEARWATER FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		2.2 NAME	
TITLE	D BASS, SERENA 2209 BELLEAIR RD C-20 CLEARWATER FL	2.3 STREET ADDRESS	
STREET ADDRESS	2209 BELLEAIR RD C-20 CLEARWATER FL	2.4 CITY-ST-ZIP	
ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD MICHELOTTI, DIANE 2207 BELLEAIR RD B-11 CLEARWATER FL	3.2 NAME	
STREET ADDRESS	2207 BELLEAIR RD B-11 CLEARWATER FL	3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD LAJOIE, HELEN 2209 BELLEAIR RD D-18 CLEARWATER FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2209 BELLEAIR RD D-18 CLEARWATER FL	4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
TITLE	D SMITH, JERRY 2209 BELLEAIR RD C-5 CLEARWATER FL	4.4 CITY-ST-ZIP	
STREET ADDRESS	2209 BELLEAIR RD C-5 CLEARWATER FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E037 (11/98)