

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90003 035 ****61.25

DOCUMENT # 723049

1. Entity Name
CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 33759-2129 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US	3 C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US
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4. FEI Number **59-1524115** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MANAGEMENT SERVICES
1700 MCMULLEN BOOTH ROAD, SUITE C3
CLEARWATER FL 34619

Name and Address of New Registered Agent
N LEIGHTON, LENNARD A.
S C/O SEABOARD ARBORS MANAGEMENT SVC, INC (ptable)
2189 CLEVELAND STREET
SUITE 225
C CLEARWATER, FL 33765
US **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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHER, CONRAD 2207 BELLEAIR RD B-8 CLEARWATER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDERSON, CATHERINE 2209 BELLEAIR RD D-12 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVERDIERE, ROBERT 2205 BELLEAIR RD A26 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHELOTTI, DIANE 2207 BELLEAIR RD B-11 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lajoie, HELEN 2209 BELLEAIR RD D-18 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JERRY 2209 BELLEAIR RD C-5 CLEARWATER FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACON, WILLIAM 2207 BELLEAIR RD #B9 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKS, CONSTANCE 2207 BELLEAIR RD #B12 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WILLIAM D. BACON 1/27/00 727-535-2489
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)