


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90016 005 \*\*\*\*61.25

<b>DOCUMENT # 723049</b>			
1. Entity Name CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SEABOARD ARBORS MGMT SVC, INC 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US		Mailing Address C/O SEABOARD ARBORS MGMT SVC, INC 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US	
2. Principal Place of Business SCANNAVINO, INC.		3. Mailing Address 1050A ELW PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OLDSMAR		City & State OLDSMAR, FL	
Zip FL	Country 34677	Zip 34677	Country
4. FEI Number 59-1524115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A. C/O SEABOARD ARBORS MGMT SERVICES 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name SCANNAVINO, INC. Street Address (P.O. Box Number is Not Acceptable) 1050A ELW PKWY City OLDSMAR FL Zip Code 34677	
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 <i>Donna Scannavino</i>		DATE 3-29-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ROBERT DR 2209 BELLEAIR RD., C22 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERVARY FRANCES 2205 BELLEAIR RD, A-01 CLEARWATER, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, GERALD 2209 BELLEAIR RD., C051 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, DAVID 2209 BELLEAIR RD., C-24 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERSON, CATHERINE 2211 BELLEAIR RD, #D-12 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKERSTAFFE, KEITH 2209 BELLEAIR RD, C04 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PISTILLI, JOHN 2205 BELLEAIR RD - A-31 CLEARWATER, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETT, ALBERT 2209 BELLEAIR C 23 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" 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: <i>Albert Arnett</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

44023596



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