

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90025 021 ****61.25

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02022005 Chg-NP CR2E037 (10/03)

DOCUMENT # 723049					
1. Entity Name CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SCANNAVINO INC 1050A ELW PKWY OLDSMAR, FL 34677 US		Mailing Address SCANNAVINO INC 1050A ELW PKWY OLDSMAR, FL 34677 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1524115	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCANNAVINO, INC. 1050A ELW PKWY OLDSMAR, FL 34677			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May-1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ROBERT DR		NAME	SEAMAN BARBARA	
STREET ADDRESS	2209 BELLEAIR RD., C22		STREET ADDRESS	2205 BELLEAIR RD, A-03	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GERALD		NAME		
STREET ADDRESS	2209 BELLEAIR RD., C051		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, DAVID		NAME		
STREET ADDRESS	2209 BELLEAIR RD., C-24		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERSON, CATHERINE		NAME	PETERVARY, FRANCES	
STREET ADDRESS	2211 BELLEAIR RD, #D-12		STREET ADDRESS	2205 BELLEAIR RD, A-01	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISTILLI, JOHN		NAME	ALEXANDER, GEORGE	
STREET ADDRESS	2205 BELLEAIRAD A-31		STREET ADDRESS	2420 SHERWOOD LANE	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNETT, ALBERT		NAME		
STREET ADDRESS	2209 BELLEAIR C 23		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
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: <u>Barbara Seaman</u>			Date: <u>2/7/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		