

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90104 030 ****61.25



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 SCANNAVINO, INC. 1050A ELW PKWY OLDSMAR, FL 34677			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEAMAN, BARBARA		NAME		
STREET ADDRESS	2205 BELLEAIR ROAD A-03		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input 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	TD	<input type="checkbox"/> Delete	TITLE	<input 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	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PETERVARY, FRANCES		NAME	SD	
STREET ADDRESS	2205 BELLEAIR ROAD A-01		STREET ADDRESS	BACON, WILLIAM	
CITY-ST-ZIP	CLEARWATER, FL 33764		STREET ADDRESS	2207 BELLEAIR RD # B-09	
			CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, GEORGE		NAME	D	
STREET ADDRESS	2420 SHERWOOD LANE		STREET ADDRESS	ANATIS, WILLIAM	
CITY-ST-ZIP	CLEARWATER, FL 33764		STREET ADDRESS	2211 BELLEAIR RD D-20	
			CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input 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 exemptions contained in Chapter 119, 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>Barbara M. Seaman</i>			Date: <i>2/13/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		