




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 035 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		02222007 Chg-NP CR2E037 (12/06)	
City & State 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677		4. FEI Number 59-1524115	
Zip		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCANNAVINO, INC. 1050A ELW PKWY OLDSMAR, FL 34677		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Name Scannavino, Inc.	
		Street Addr 720 Brooker Creek Blvd. #206	
		City Oldsmar, FL 34677	
		de	
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 		4-10-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAMAN, BARBARA 2205 BELLEAIR ROAD A-03 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, GERALD 2209 BELLEAIR RD., C051 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, PHILIP 2209 BELLEAIR RD. C-10 CLEARWATER, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, DAVID 2209 BELLEAIR RD., C-24 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARNER MICHAEL 2209 BELLEAIR RD. C-26 CLEARWATER, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACON, WILLIAM 2207 BELLEAIR RD B-09 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYDEN, DON 2205 BELLEAIR RD. A-15 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVATIS, WILLIAM 2211 BELLEAIR RD D-20 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANG EUGENE 2209 BELLEAIR RD. C-01 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 checked="" type="checkbox"/> Delete		
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:  DIRECTOR		4/6/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	