

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:00

DOCUMENT # 729975 (3)
1. Corporation Name

CHATEAU SUZANNE, INC.

Principal Place of Business

Mailing Address

3030 BINNACLE DRIVE
NAPLES FL 33940

3030 BINNACLE DRIVE
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1641909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

TRUEX, POLLY
3030 BINNACLE DR APT #104
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Polly Innes Polly Truex Polly Innes 3-15-94
Signature is typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRUEX, POLLY
STREET ADDRESS	3030 BINNACLE DR #104
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	BELCHER, JACK
STREET ADDRESS	3030 BINNACLE DR #204
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	HILLEBRAND, JULIE
STREET ADDRESS	3030 BINNACLE DRIVE #102
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	JEFFERS, NICHOLAS
STREET ADDRESS	3030 BINNACLE DR #308
CITY-ST-ZIP	NAPLES FL
TITLE	T
NAME	BOMBARO, PAT
STREET ADDRESS	3030 BINNACLE DRIVE #103
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hillebrand, Julie
3.3 STREET ADDRESS	3030 Binnacle Dr. #102
3.4 CITY-ST-ZIP	Naples, FL 33940
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Gasper Cambuzza
5.3 STREET ADDRESS	3030 Binnacle Dr. # 308
5.4 CITY-ST-ZIP	Naples, FL 33940
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Polly Truex Polly Innes 3-15-95 813-261-7306
Signature and typed or printed name of signing officer or director Date Daytime Phone