

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 729975 (3)**

1. Corporation Name  
**CHATEAU SUZANNE, INC.**



Principal Place of Business: **3030 BINNACLE DRIVE NAPLES FL 33940**  
Mailing Address: **3030 BINNACLE DRIVE NAPLES FL 33940**

3. Date Incorporated or Qualified: **06/18/1974**  
3a. Date of Last Report: **03/22/1995**

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

4. FEI Number	Applied For
<b>59-1641909</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TRUEX, POLLY 3030 BINNACLE DR APT #104 NAPLES FL 33940</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Polly Truex* DATE: **3-28-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>POLLY TRUEX President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUEX, POLLY</b>	1.2 NAME	<b>Polly Truex</b>
STREET ADDRESS	<b>3030 BINNACLE DR #104</b>	1.3 STREET ADDRESS	<b>3030 Binnacle Dr - #104</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Naples FL 33940</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELCHER, JACK</b>	2.2 NAME	<b>Gasper Cambuzzi</b>
STREET ADDRESS	<b>3030 BINNACLE DR #204</b>	2.3 STREET ADDRESS	<b>3030 Binnacle Dr - #303</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Naples FL 33940</b>
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLELBRAND, JULIE</b>	3.2 NAME	<b>MARK ARMSTRONG</b>
STREET ADDRESS	<b>3030 BINNACLE DRIVE #102</b>	3.3 STREET ADDRESS	<b>3030 Binnacle Dr - #109</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Naples FL 33940</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFERS, NICHOLAS</b>	4.2 NAME	<b>Marianne Lewis</b>
STREET ADDRESS	<b>3030 BINNACLE DR #308</b>	4.3 STREET ADDRESS	<b>3030 Binnacle Dr, #309</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	<b>Naples, FL 33940</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMBRUZZI, GASPREE</b>	5.2 NAME	<b>Armando Frusciantone</b>
STREET ADDRESS	<b>3030 BINNACLE DR #303</b>	5.3 STREET ADDRESS	<b>3030 Binnacle Dr - #310</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	<b>Naples FL 33940</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, 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, President* DATE: **3-28-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAYTIME PHONE #

CR2E037 (12/95)