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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34103-4161

3. Date Incorporated or Qualified: 06/18/1974  
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business (21) Suite, Apt. #, etc.  
2a. Mailing Address (26) Suite, Apt. #, etc.

4. FEI Number: 59-1641909  
Applied For: Not Applicable

22. City & State

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. Zip (24) Country (25)  
27. City & State (28)  
29. Zip (30) Country (30)

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PD TRUEX, POLLY; VD BELCHER, JACK; ST HILLELBRAND, JULIE; D JEFFERS, NICHOLAS; D CAMBRUZZI, GASPREE.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes entries for Robert Lupton, Julia Hillebrand, D Armando Fruscalante, Glenn Weidner.

14. I do 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 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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Polly Jamay 4-11-97 Date: \_\_\_\_\_ Daytime Phone #: 0058747

CR2E037 (9/96)