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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/18/1974		
4. FEI Number 59-1641909	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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	28. Zip
24. Country	29. Country
25. Country	30. 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
85. Zip Code

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 Polly Truex 6-1-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTON, ROBERT	1.2 NAME	
STREET ADDRESS	3030 BINNACLE DR #207	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	ND	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBRANO, JULIA	2.2 NAME	Polly Truex
STREET ADDRESS	3030 BINNACLE DR #102	2.3 STREET ADDRESS	3030 Binnacle Dr #104
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples
TITLE	ST	2.5 CITY-ST-ZIP	Uice President
NAME	TRUEX, POLLY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3030 BINNACLE DR #104	3.2 NAME	
CITY-ST-ZIP	NAPLES FL	3.3 STREET ADDRESS	
TITLE	D	3.4 CITY-ST-ZIP	
NAME	FRUSALANTE, ARMAND	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3030 BINNACLE DR #310	4.2 NAME	Jack Belcher
CITY-ST-ZIP	NAPLES FL	4.3 STREET ADDRESS	3030 Binnacle Dr #204
TITLE	D	4.4 CITY-ST-ZIP	Naples
NAME	WELNER, GUENN	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3030 BINNACLE DR #101	5.2 NAME	Guy Brooks
CITY-ST-ZIP	NAPLES FL	5.3 STREET ADDRESS	3030 Binnacle Dr #303
TITLE	Partners	5.4 CITY-ST-ZIP	Naples
NAME	Partners	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3030	6.2 NAME	Marianne Lewis
CITY-ST-ZIP		6.3 STREET ADDRESS	3030 Binnacle Dr #309
		6.4 CITY-ST-ZIP	Naples

14. I 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: Polly Truex 941-261-7306

CF2E037 (10/97)