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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729975

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1641909
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LIPTON, ROBERT 3030 BINNACLE DR #207 NAPLES FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	D BARBARA AMRHEIN
STREET ADDRESS		1.3 STREET ADDRESS	3030 BINNACLE DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	VP TRUNER, POLLY 303 BINNACLE DR, #104 NAPLES FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST TRUEX, POLLY 3030 BINNACLE DR #104 NAPLES FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BELCHER, JACK 3030 BINNACLE DR, #204 NAPLES FL	4.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	JACK BELCHER
STREET ADDRESS		4.3 STREET ADDRESS	3030 BINNACLE DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	D BROOKS, GUY 3030 BINNACLE DR, #203 NAPLES FL	5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	BROOKS, GUY
STREET ADDRESS		5.3 STREET ADDRESS	3030 BINNACLE DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	T LEWIS, MARIANNA 3030 BINNACLE DR, #309 NAPLES FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D JULIA HILLEBRAND
STREET ADDRESS		6.3 STREET ADDRESS	3030 BINNACLE DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES FL 34103

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Polly Truner 3-17-99
 _____ Date _____ Daytime Phone # _____

0062649

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