

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 # 735819 (5)

1. Corporation Name

CONDOMINIUM ASSOCIATION FOR CHATEAU VILLAGE CONDOMINIUM, INC.



Principal Place of Business: CONDO KEEPERS, 630 S. ORNAGE AVE, SARASOTA FL 34236
Mailing Address: CONDO KEEPERS, 630 S. ORNAGE AVE, SARASOTA FL 34236

3. Date Incorporated or Qualified: 05/14/1976
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country (25-29)

4. FEI Number: 59-2360274
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
CONDO KEEPERS
630 S. ORNAGE AVE.
#102
SARASOTA FL 34236

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 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: *Jerry Curless* TERRY CURLESS 3/29/96
Signature typed or printed name of registered agent and date (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ZELAK, ROSE	
STREET ADDRESS	722 S BLVD OF PRES.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FASTH, BENGT	
STREET ADDRESS	722 S BLVD OF PRES	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVERHARDT, PAUL	
STREET ADDRESS	1925 WARE ST.	
CITY-ST-ZIP	NORTH WOOD OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STD LUCILLE WATSON	
1.3 STREET ADDRESS	722 S BLVD of Presidente	
1.4 CITY-ST-ZIP	SARASOTA FL 34236	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN Thompson	
2.3 STREET ADDRESS	722 S Blvd of Presidente	
2.4 CITY-ST-ZIP	SARASOTA FL 34236	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Gaylia	
3.3 STREET ADDRESS	722 S BLVD of Presidente	
3.4 CITY-ST-ZIP	SARASOTA FL 34236	
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	600001771786	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	04/08/96--01022--011	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
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 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: *Lucille Watson* LUCILLE WATSON 3/29/96 941 351 4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)