NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735819

1. Corporation Name

CONDOMINIUM ASSOCIATION FOR CHATEAU VILLAGE COND OMINIUM, INC.

Principal Place of Business
CONDO KEEPERS
630 S. ORNAGE AVE. SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

CONDO KEEPERS 630 S. ORNAGE AVE. SARASOTA FL 34236

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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05-05-1999 90154 045 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/14/1976

59-2360274

4. FEI Number

23	28		5. Certificate of Status Desired		
Zip Country	Zip 30	Country	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
24 25 9. Name and Address of Current	<u> </u>	<u> </u>	10. Name and Address of New Registered Agent		
o. Hallo dia Addioso oi dallan	g	81 Na	me		
CONDO KEEPERS 630 S. ORNAGE AVE. #102 SARASOTA FL 34236		1 2	82 Street Address (P.O. Box Number is Not Acceptable)		
		82 St			
		83			
		84 Cit	" FL <u>"</u>		
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 Signature it ped or printed name of registered agent	Jerry CURL		sture required when reinstating) DATE		
12. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DST	™ DELETE	1.1 TITLE	Blanster Rhiver Change MAddition		
NAME RICHARD, JANICE		1.2 NAME	1320 MATER TOUTHER		
STREET ADDRESS 722 S BLVD OF PRES		1.3 STREET ADDR	122 7 ALVA F PRES		
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP	Spanson FL 34236		
TITLE DVP	☐ DELETE	2.1 TITLE	□ Change □ Addition		
NAME FASTH, BENGT		2.2 NAME	SLOAN FRON		
STREET ADDRESS 722 S BLVD OF PRES		2.3 STREET ADDF			
CITY-ST-ZIP SARASOTA FL		2. 4 CITY-ST-ZIP	Spansola FL 34236		
TITLE DP	DELETE	3.1 TITLE	Change CAddition		
NAME KUZIAK, JAMES		3.2 NAME	Knsef Konned		
STREET ADDRESS 722 S. BLVD OF PRESIDENTS		3.3 STREET ADDR	Kngef Round 122 5 ALVD OF PROS SORREITO FL 34236		
CITY-ST-ZIP SARASOTA FL 34236		3.4. CITY-ST-ZIP	SAMESTA FL 34236		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDI	RESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME	7770		
STREET ADDRESS		5.3 STREET ADD	ACSS		
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition		
TITLE		6.1 HILLE			
NAME		6.3 STREET ADDI	DECC.		
STREET ADDRESS			ncoo		
CITY-ST-ZIP	this filing does not qualify for the	6.4 CITY-ST-ZIP	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

indicated on this annual report or supplies with this limit does not quality for tile exemption stated in Section 1.15.07(3)(1), Florida Statutes. I retried certify that if a mindicated on this annual report or suppliemental 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 a Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Not Applicable