

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735819

1. Entity Name

CONDOMINIUM ASSOCIATION FOR CHATEAU VILLAGE COND

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90048 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

CONDO KEEPERS  
 630 S. ORNAGE AVE.  
 SARASOTA FL 34236

CONDO KEEPERS  
 630 S. ORNAGE AVE.  
 SARASOTA FL 34236-7504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2360274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDO KEEPERS  
 630 S. ORNAGE AVE.  
 #102  
 SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Jerry Curless*

*Jerry Curless*

*4-3-00*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	BLOMSTER, RHINER	
STREET ADDRESS	722 S BLVD OF PRES	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FASTH, BENGT	
STREET ADDRESS	722 S BLVD OF PRES	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KUZIAK, JAMES	
STREET ADDRESS	722 S. BLVD OF PRESIDENTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SLOAN, FRAN	
STREET ADDRESS	722 S BLVD OF PRES	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KASEF, RONALD	
STREET ADDRESS	722 S BLVD OF PRES	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROBEL, Catherine	
STREET ADDRESS	722 S BLVD OF THE PRESIDENTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4-3-00*

*941-9574442*

Date

Daytime Phone #

CR2E037 (9/99)