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

NONPROFIT CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746050

(4)

Mailing Address

CHATEAU TOWER, INC.

Principal Place of Business

FILED
Mar 03 1998 8:00am
Secretary of State

	2753 S.R. 580.STE.207 CLEARWATER FL 34621									
2753 S.R. 580.8TE.207 CLEARWATER FL 34621					3. Date Incorporated or Qualified 02/23/1979					
								59-2028061 Not Applicable		
2. Principal Pl	lace of Busine	2a. Ma	2a. Malling Address				- 60.75			
21		26	-				5. Certificate of Status Desired			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be			
22		_	27				Trust Fund Contribution Added to Fees			
City & State	Ð		City & State							
23	_	-	26				7- Is this nonprofit corporation a homeowners association?			
Zip	·Т	Country		Zip Country				·····		
24 3376	.1 ta		33761 30				This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.    Yes   No			
24 0070		29 Registers								
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name										
							INDITIO			
REARDON, MAUREEN						62	Street	Address (P.O. Box Number is Not Acceptable)		
2753 S.R. 580, SUITE 207						L				
CLEARWATER FL 34621						83				
						84	City	sea 85 Zip Code		
						~	City	FL 33761		
11. Pursuant t	to the provisio	ns of Sections 617.0502	and 617.1	508, Florida Statu	ites, the	above	e-named	corporation submits this statement for the purpose of changing its registered		
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 Ivoed o	r printed name of registered agen	and title if and	vicable (NC	TF: Register	nd And	ent eigneture	e required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D			DELETE	1.1	TITLE		V/D		
NAME	_	THAL, HERMAN				NAME		HEINICK, JOHN		
STREET ADDRESS	3094 TERN WAY					1.3 STREET ADDRESS 70		7050 SUNSET DRIVE S. #1105		
1	CLEARWATER FL							S. PASADENA FL 33707		
CITY-ST-ZIP		NIER FL		DELETE		_	I-ZIP			
TITLE								S/D Change Addition		
NAME	LOHR, JOEL				2.2			DONOVAN, HAZEL		
STREET ADDRESS	7050 SUNSET DRIVE SOUTH, # 1108							7050 SUNSET DRIVE S. #203		
CITY-ST-ZIP	SOUTH PASADENA FL				2.4	2.4 CITY-ST-ZIP S		S. PASADENA FL 33707		
TITLE	SD			DELETE	3.1	TITLE		D Change 🔀 Addition		
NAME	Burgess, Chris					NAME		BARTHEL, HENRY		
STREET ADDRESS	s 7050 SUNSET DRIVE SOUTH, # 1108				3.3	STAEET	ADDRESS	7050 SUNSET DRIVE S. #412		
CITY-ST-ZIP	S. PASADENA FL					CITY-S		S. PASADENA FL 33707		
TITLE	PD			DELETE		TITLE		☐ Change ☐ Addition		
NAME	<del></del>	Y. EDWARD		<del></del>		NAME				
STREET ADDRESS						4.3 STREET ADDRESS				
	S. PASADENA FL					4.4 CITY-ST-ZIP		·		
CITY-ST-ZIP		ZENA PL		M perete			T-ZIP	h la		
TITLE	D	0.100.101		DELETE		TITLE		D Change Addition		
NAME	HORTON, BARBARA							GRAHAM, ALEX		
STREET ADDRESS					5.3			330 MILL STREET S. #609		
CITY-ST-ZIP	S. PASAD	ena fl			5,40	CITY-S	T- 21P	BRAMPTON ONTARIO CANADA L6Y 3V3		
TITLE	TD			DELETE	6.1	TITLE		D Change 🔀 Addition		
NAME	MARKMAI	n, sol			6.21	MAME		SHOWERS, GEORGE		
STREET ADDRESS		ISET DRIVE SOUTH,	# 501				ADDRESS	7050 SUNSET DRIVE S. #1503		
200	COLITH DACADENA EL					//		/ UUU OUNGE! UKIYE 3. #1003		

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 cath; 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:

de hid Tour month Office to

82/05/98

813-343-5152

RZE037 (10/97)