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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758623 (3)
1. Corporation Name
CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2727 W. OAK RIDGE ROAD ORLANDO FL 32809
2727 W. OAK RIDGE ROAD ORLANDO FL 32809-3773

3. Date Incorporated or Qualified 06/03/1981
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30
4. FEI Number 59-2227556 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [x] No

9. Name and Address of Current Registered Agent
JOHNSTON, PAUL
2727 W. OAK RIDGE RD 2-5
ORLANDO FL 32809
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 Paul A. Johnston DATE 1-10-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	JOHNSTON, PAUL	1.2 NAME	
STREET ADDRESS	2727 W. OAK RIDGE RD 2-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	D [x] DELETE	2.1 TITLE	[] Change [] Addition
NAME	GILL, CHARLES H	2.2 NAME	
STREET ADDRESS	6068 MASTERS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE	D [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	SPENCER, DAVID	3.2 NAME	
STREET ADDRESS	2929 WEST OAK RIDGE ROAD, E-3	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	HATOUM, ADEL	4.2 NAME	
STREET ADDRESS	2929 W. OAK RIDGE RD D-5	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE	D [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	WEFKY, MANSOUR	5.2 NAME	
STREET ADDRESS	8976 ISLESWORTH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [x] Addition
NAME		6.2 NAME	JUAN ORTIZ
STREET ADDRESS		6.3 STREET ADDRESS	2727 W OAK RIDGE RD 1-7
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando FL 32809

14. I do 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.

SIGNATURE: Paul A. Johnston DATE 1-10-97 407-955-4227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017026

CR2E037 (9/96)