

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

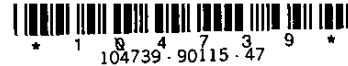
02-23-1999 90115 047 ****61.25

0017479

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

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

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date incorporated or Qualified 06/03/1981	4. FEI Number 59-2227556 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	---	---	---

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 85 Zip Code FL
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME JOHNSTON, PAUL STREET ADDRESS 2727 W. OAK RIDGE RD 2-5 CITY-ST-ZIP ORLANDO FL 32809	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME REFAT BADDAR 1.3 STREET ADDRESS 2727 W. OAK RIDGE RD. 1-1 1.4 CITY-ST-ZIP ORLANDO, FL. 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SPENCER, DAVID STREET ADDRESS 2929 WEST OAK RIDGE ROAD, E-3 CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME VENO, NORMA STREET ADDRESS 2929 W. OAK RIDGE RD. E-5 CITY-ST-ZIP ORLANDO FL 32809	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WEFKY, MANSOUR STREET ADDRESS 8976 ISLESWORTH CT CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ORTIZ, JUAN STREET ADDRESS 2727 WEST OAKRIDGE RD 1-7 CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: Paul Johnston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 11, 1999 407 855-4227
 Date Daytime Phone #

CR2E037 (1/198)