

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758623

1. Entity Name

CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90062 030 ****61.25

Principal Place of Business

Mailing Address

2727 W. OAK RIDGE ROAD
 ORLANDO FL 32809

2727 W. OAK RIDGE ROAD
 ORLANDO FL 32809-3773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2227556

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

JOHNSTON, PAUL
 2727 W. OAK RIDGE RD 2-5
 ORLANDO FL 32809

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

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 PD Delete
 NAME JOHNSTON, PAUL
 STREET ADDRESS 2727 W. OAK RIDGE RD 2-5
 CITY-ST-ZIP ORLANDO FL 32809

TITLE D Change Addition
 NAME Nayet Adel Hatoum
 STREET ADDRESS 2929 W. Oak Ridge Rd. D-5
 CITY-ST-ZIP Orlando, Fl. 32809

TITLE D Delete
 NAME SPENCER, DAVID
 STREET ADDRESS 2929 WEST OAK RIDGE ROAD, E-3
 CITY-ST-ZIP ORLANDO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME VENO, NORMA
 STREET ADDRESS 2929 W. OAK RIDGE RD. E-5
 CITY-ST-ZIP ORLANDO FL 32809

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME WEFKY, MANSOUR
 STREET ADDRESS 8976 ISLESWORTH CT
 CITY-ST-ZIP ORLANDO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ORTIZ, JUAN
 STREET ADDRESS 2727 WEST OAKRIDGE RD I-7
 CITY-ST-ZIP ORLANDO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BADDAR, REFAT
 STREET ADDRESS 2727 W. OAK RIDGE RD. 1-1
 CITY-ST-ZIP ORLANDO FL 32809

TITLE Change 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: *X Paul A. Johnston* PAUL A. JOHNSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #