

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0026814

DOCUMENT # 758623

1. Entity Name

CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

04-11-2001 90023 035 ****61.25

Principal Place of Business

Mailing Address

2727 W. OAK RIDGE ROAD
 ORLANDO FL 32809

2727 W. OAK RIDGE ROAD
 ORLANDO FL 32809

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

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

MRS. LOIS L. PEEPER

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

2727 W OAK RIDGE Rd 8-2

City

ORLANDO

FL

Zip Code

32809

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

Lois L. Peepers **President**

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

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, PAUL	
STREET ADDRESS	2727 W. OAK RIDGE RD 2-5	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, DAVID	
STREET ADDRESS	2929 WEST OAK RIDGE ROAD, E-3	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATOUM, NAYET A	
STREET ADDRESS	2929 W OAKRIDGE RD D5	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEFKY, MANSOUR	
STREET ADDRESS	8976 ISLESWORTH CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BADDAR, REFAT	
STREET ADDRESS	2727 W. OAK RIDGE RD. 1-1	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS L. PEEPER	
STREET ADDRESS	2727 W. OAK RIDGE RD 8-2	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DIRECTOR-SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA WILLS	
STREET ADDRESS	2929 W OAK RIDGE RD E-4	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR-V. Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA POOLE	
STREET ADDRESS	2615 COBALT CT	
CITY-ST-ZIP	ORLANDO FL 32837	
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:

Lois L. Peepers **President**

4-3-01

407-833-5276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)