**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 6:37

DOCUMENT # 761640 (2)

1. Corporation Name

LES CHATEAUX OF JACKSONVILLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7201 ARLINGTON EXPRESSWAY<br>JACKSONVILLE FL 32211 | 7201 ARLINGTON EXPRESSWAY<br>JACKSONVILLE FL 32211 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2221206 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / County 30 |

9. Name and Address of Current Registered Agent

HOLBROOK, H. LEON, III
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202-2059

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ESKUCHE, KEN | 12 NAME | |
| STREET ADDRESS | 4109 PEACH DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | GENTRY, G. R. | 22 NAME | SD |
| STREET ADDRESS | 3405 THALIA RD. | 23 STREET ADDRESS | ABDO, SAM |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | P.O. Box 47182"N/A"<br>JACKSONVILLE, FL. 32247 |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CLARK, ELLEN | 32 NAME | D |
| STREET ADDRESS | 7201 ARLINGTON EXPWY., #40 | 33 STREET ADDRESS | CLARK, ELLEN<br>7201 ARLINGTON EXPWY. #40 |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | JACKSONVILLE, FL. 32211 |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | REESE, CHARLES | 42 NAME | |
| STREET ADDRESS | 1649 MALLORY ST | 43 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☒ Change ☒ Addition |
| NAME | ESKUCHE, KEN | 52 NAME | D |
| STREET ADDRESS | 4109 PEACH DRIVE | 53 STREET ADDRESS | FRANKLIN, FELICE<br>3240 ASHRIDGE DR. |
| CITY-ST-ZIP | JACKSONVILLE FL | 54 CITY-ST-ZIP | JACKSONVILLE, FL. 32225 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: KEN ESKUCHE Ken Eskuche JUNE 14, 1995 (904)724-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002037

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 PM 2:12

DOCUMENT # 761859 (8)

1. Corporation Name
OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. III,INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 300 OCEAN TRAIL WAY<br>SUITE 300<br>JUPITER FL 33477 | 300 OCEAN TRAIL WAY<br>SUITE 300<br>JUPITER FL 33477 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / County (25) | Zip (29) / Country (30) |

3. Date Incorporated or Qualified: 03/22/1982
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2221546 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURG, LEE
450 AUSTRALIAN AVE., SO., STE. 720
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: ~~Sharon Weber~~ Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave.
83
84 City: West Palm Beach, FL 85 Zip Code: 33401

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: Peter Mollengarden for Becker & Poliakoff, P.A. DATE: 6/7/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 12) | |
|---|---|---|---|
| TITLE | VPD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HANSON, CHARLES H | 12 NAME | |
| STREET ADDRESS | 300 OCEAN TRAIL WAY | 13 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER, FL 00000 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☒ Change ☐ Addition |
| NAME | ROBERTS, WILLIAM | 22 NAME | William Roberts is no longer |
| STREET ADDRESS | 300 OCEAN TRAIL WAY | 23 STREET ADDRESS | a board member |
| CITY-ST-ZIP | JUPITER, FL 00000 | 24 CITY-ST-ZIP | |
| TITLE | PD | 31 TITLE | ☐ Change ☒ Addition |
| NAME | DETOLLA, FRANK | 32 NAME | T |
| STREET ADDRESS | 300 OCEAN TRAIL WAY | 33 STREET ADDRESS | Noorily, Morry |
| CITY-ST-ZIP | JUPITER, FL 00000 | 34 CITY-ST-ZIP | 300 Ocean Trail Way<br>Jupiter, FL 33477 |
| TITLE | SD | 41 TITLE | ☐ Change ☒ Addition |
| NAME | STAMM, DORIS | 42 NAME | D |
| STREET ADDRESS | 300 OCEAN TRAIL WAY | 43 STREET ADDRESS | Cistulli, Philip |
| CITY-ST-ZIP | JUPITER, FL 00000 | 44 CITY-ST-ZIP | 589 Wellesley Street<br>Weston, MA 02193-1045 |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | SANDLER, EMILE | 52 NAME | |
| STREET ADDRESS | 300 OCEAN TRAIL WAY | 53 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | MONDANO, RALPH | 62 NAME | |
| STREET ADDRESS | 18 TUFTS ROAD | 63 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON MA | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Doris Stamm 6/6/95 (407) 575-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doris Stamm

0011903