

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 762890 (2)
1. Corporation Name
CHATEAU BAYONNE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3480 EAST LAKE RD STE C
PO BOX 1448
PALM HARBOR FL 34685**

Mailing Address
**P.O. BOX 1448
PALM HARBOR FL 34682-1448**

3. Date Incorporated or Qualified **04/15/1982** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2867758** Applied For Not Applicable

21. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	2c. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24. Zip	2d. Country	25. Zip	2e. Country
26. Zip	2f. Country	27. Zip	2g. Country
28. Zip	2h. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCANNAVINO, DOMINICK 3480 EAST LAKE RD STE C PALM HARBOR FL 34685		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, CHRISTINE	1.2 NAME	
STREET ADDRESS	14820 RUE DE BAYONNE, #608	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINCK, RICHARD	2.2 NAME	
STREET ADDRESS	14820 RUE DE BAYONNE, SUITE 605	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, CLARENCE	3.2 NAME	
STREET ADDRESS	14820 RUE DE BAYONNE, #303	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34622	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEECE, WILLIAM	4.2 NAME	BYRD, MARTIN
STREET ADDRESS	14820 RUE DE BAYONNE, #508	4.3 STREET ADDRESS	14820 RUE DE BAYONNE #401
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	CLEARWATER FL
TITLE	VD	5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALCHON, RICHARD	5.2 NAME	KESKINER, ALI
STREET ADDRESS	14820 RUE DE BAYONNE, #407	5.3 STREET ADDRESS	14820 RUE DE BAYONNE, #403
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	CLEARWATER FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine Hanna **CHRISTINE HANNA** **4/5/95** (813) 789-1284