

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Principal Place of Business
**3490 EAST LAKE RD STE.C
PO BOX 1448
PALM HARBOR FL 34685**

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

FILED
Apr 28 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1982		3a. Date of Last Report 02/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2867758		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK
3490 EAST LAKE RD STE.C
PALM HARBOR FL 34685**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	HANNA, CHRISTINE	1.2 NAME	DEFILIPPES, ROBERT
STREET ADDRESS	14820 RUE DE BAYONNE, #608	1.3 STREET ADDRESS	14820 Rue de Bayonne # 406
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	DT	2.1 TITLE	SD
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	D	3.1 TITLE	PD
NAME	KRAFT, CLARENCE	3.2 NAME	
STREET ADDRESS	14820 RUE DE BAYONNE, #303	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	TD
NAME	FLEECE, WILLIAM	4.2 NAME	KESKINER, ALI
STREET ADDRESS	14820 RUE DE BAYONNE, #506	4.3 STREET ADDRESS	14820 Rue de Bayonne # 403
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	VD	5.1 TITLE	
NAME	MALCHON, RICHARD	5.2 NAME	
STREET ADDRESS	14820 RUE DE BAYONNE, #407	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	D
NAME	BYRD, MARTIN	6.2 NAME	
STREET ADDRESS	14820 RUE DE BAYONNE 401	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **SCANNAVINO, DOMINICK** **3490 EAST LAKE RD STE.C** **PALM HARBOR FL 34685**

CR2E037 (9/96)