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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762890

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
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2. Principal Place of Business 21 1050A EAST LAKE WOODS PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/15/1982
22 City & State OLDSMAR FL	27 City & State OLDSMAR FL	4. FEI Number 59-2867758
23 Zip 34677	28 Zip 34677	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country USA	29 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1050A EAST LAKE WOODLANDS PARKWAY	FL 34677
83	
84 City OLDSMAR	

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]* DATE: _____

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEFILIPPES, ROBERT	
STREET ADDRESS	14820 RUE DE BAYONNE., #406	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MINCK, RICHARD	
STREET ADDRESS	14820 RUE DE BAYONNE, SUITE 605	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAFT, CLARENCE	
STREET ADDRESS	14820 RUE DE BAYONNE, #303	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KESKINER, ALJ	
STREET ADDRESS	14820 RUE DE BAYONNE., #403	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRD, MARTIN	
STREET ADDRESS	14820 RUE DE BAYONNE 401	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD WALSH	
1.3 STREET ADDRESS	14820 RUE DE BAYONNE #405	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED CLARENCE T. KRAFT 3/30/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)