

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90172 030 \*\*\*\*61.25

**DOCUMENT # 762890**

1. Entity Name

**CHATEAU BAYONNE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1050A EASTLAKE WOLDS PKWY  
 OLDSMAR FL 34677  
 US

1050A EASTLAKE WOLDS PKWY  
 OLDSMAR FL 34677  
 US

**00012471**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2867758**

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

**SCANNAVINO, DOMINICK**  
 1050A EAST LAKE WOODLANDS PKWY  
 OLDSMAR FL 34677

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALSH, EDWARD</b>	
STREET ADDRESS	<b>14820 RUE DE BAYONNE #405</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MINCK, RICHARD</b>	
STREET ADDRESS	<b>14820 RUE DE BAYONNE, SUITE 605</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KRAFT, CLARENCE</b>	
STREET ADDRESS	<b>14820 RUE DE BAYONNE, #303</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KESKINER, ALI</b>	
STREET ADDRESS	<b>14820 RUE DE BAYONNE., #403</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BYRD, MARTIN</b>	
STREET ADDRESS	<b>14820 RUE DE BAYONNE 401</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*Clarence Kraft*  
**SIG CLARENCE KRAFT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-01

727-573-2214

Date

Daytime Phone #

CR2E037 (10/00)