

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J92870** (1)

1. Corporation Name

CHATEAU VENTURE OF PANAMA CITY BEACH, INC.



Principal Place of Business

12525 HIGHWAY 98 WEST
PANAMA CITY BEACH FL 32407

Mailing Address

12525 HIGHWAY 98 WEST
PANAMA CITY BEACH FL 32407

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

3. Date Incorporated or Qualified	3a. Date of Last Report
09/11/1987	06/28/1995
4. FEI Number	Applied For
59-2841776	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HUTCHINSON, EDWARD A. JR ESO,
221 MCKENZIE AVE.
PANAMA CITY FL 32401

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 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

Say state type of printed name of registered agent if not the legal name

If filer is registered agent, sign as registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	MCCORMICK, AMY Z	1.2 NAME	McCormick, Amy Z.
STREET ADDRESS	7019 N. LAGOON DR.	1.3 STREET ADDRESS	7019 N. Lagoon Dr.
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	Panama City, FL 32408
	<input type="checkbox"/> DELETE	2.1 TITLE	VD
TITLE	PD	2.2 NAME	Caterina N. McCormick
NAME	MCCORMICK, THOMAS W.	2.3 STREET ADDRESS	11 Harborage Isle
STREET ADDRESS	150 N. FEDERAL HWY, #210	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
CITY-ST-ZIP	FT. LAUDERDALE FL		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TSD
TITLE	SDV	3.2 NAME	Garrett, Sally
NAME	GARRETT, LOWELL	3.3 STREET ADDRESS	202 Shades Crest Rd
STREET ADDRESS	202 SHADES CREST ROAD	3.4 CITY-ST-ZIP	Hoover, AL 35226
CITY-ST-ZIP	BIRMINGHAM-AL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Sally M. Garrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-28-96
DATE
305-250-4876
TELEPHONE NUMBER

CR2E034 (12/95)