

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # N47285 (4)**

1. Corporation Name  
**CHAI NE DU LAC ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
274 WILSHIRE BLVD. SUITE 282 CASSELBERRY FL 32707	274 WILSHIRE BLVD. SUITE 282 CASSELBERRY FL 32707

3. Date Incorporated or Qualified <b>02/10/1992</b>	3a. Date of Last Report <b>09/28/1995</b>
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2. Principal Place of Business 21 <b>300 WILSHIRE BLVD.</b>	2a. Mailing Address 26 <b>300 WILSHIRE BLVD.</b>
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4. FEI Number <b>59-3222713</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Suite, Apt. #, etc. 22 <b>SUITE 205</b>	Suite, Apt. #, etc. 27 <b>SUITE 205</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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City & State 23 <b>CASSELBERRY, FL</b>	City & State 28 <b>CASSELBERRY, FL</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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Zip 24 <b>32707</b>	Country 25 <b>USA</b>	Zip 29 <b>32707</b>	Country 30 <b>USA</b>
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8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WRIGHT, LYNN W  
 2716 REW CIRCLE  
 STE. 102  
 OCOEE FL 34761**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD WALLIS, C. PHILIP 274 WILSHIRE BLVD. #282 CASSELBERRY FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD RUSSELL, JAMES B. 274 WILSHIRE BLVD. #282 CASSELBERRY FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD COLE, WILLIAM W JR. 274 WILSHIRE BLVD. #282 CASSELBERRY FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>300 WILSHIRE BLVD., SUITE 205 CASSELBERRY, FL 32707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>300 WILSHIRE BLVD., SUITE 205 CASSELBERRY, FL 32707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>300 WILSHIRE BLVD., SUITE 205 CASSELBERRY, FL 32707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **C. PHILIP WALLIS** *C. Philip Wallis* **AUGUST 2, 1996** 407-831-3979  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)