


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47285** (4)

1. Corporation Name

CHAINE DU LAC ASSOCIATION, INC.

Principal Place of Business 300 WILSHIRE BLVD SUITE 205 CASSELBERRY FL 32707 US	Mailing Address 300 WILSHIRE BLVD SUITE 205 CASSELBERRY FL 32707-5369 US
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3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last Report 08/12/1996
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2. Principal Place of Business 21 12553 PARK AVENUE Suite, Apt. #, etc. 22 City & State 23 WINDERMERE, FL Zip 24 34786 Country 25 US	2a. Mailing Address 26 12553 PARK AVENUE Suite, Apt. #, etc. 27 City & State 28 WINDERMERE, FL Zip 29 34786 Country 30 US
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4. FEI Number 59-3222713	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election to be taxed as a corporation <input type="checkbox"/>	\$5.00 May Be Added to Fees
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3. 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

10. Name and Address of New Registered Agent

**WRIGHT, LYNN W
2716 REW CIRCLE
STE. 102
OCFEE FL 34781**

81 Name MIKE BARBER
82 Street Address (P.O. Box Number is Not Acceptable) 12253 PARK AVENUE
83
84 City WINDERMERE FL 85 Zip Code 34786

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0502, Florida Statutes.

SIGNATURE *Mike Barber* **3/25/97**
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE PD	<input checked="" type="checkbox"/> DELETE	11 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLIS, C. PHILIP		12 NAME AZZOUZ, KEVIN H.	
STREET ADDRESS 300 WILSHIRE BLVD, SUITE 205		13 STREET ADDRESS 12326 PARK AVENUE	
CITY-ST-ZIP CASSELBERRY FL		14 CITY-ST-ZIP WINDERMERE, FL 34786	
TITLE VD	<input checked="" type="checkbox"/> DELETE	21 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSELL, JAMES B.		22 NAME BARBER, MIKE	
STREET ADDRESS 300 WILSHIRE BLVD, SUITE 205		23 STREET ADDRESS 12253 PARK AVENUE	
CITY-ST-ZIP CASSELBERRY FL		24 CITY-ST-ZIP WINDERMERE, FL 34786	
TITLE STD	<input checked="" type="checkbox"/> DELETE	31 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLE, WILLIAM W JR.		32 NAME AZZOUZ, WESLEY B.	
STREET ADDRESS 300 WILSHIRE BLVD., SUITE 205		33 STREET ADDRESS 717 SECRET HARBOR LANE	
CITY-ST-ZIP CASSELBERRY FL		34 CITY-ST-ZIP LAKE MARY, FL 32746	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME 000002277850	
STREET ADDRESS		43 STREET ADDRESS -08/26/97--01075--003	
CITY-ST-ZIP		44 CITY-ST-ZIP ***61.25	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME 900002277849	
STREET ADDRESS		53 STREET ADDRESS -08/26/97--01075--002	
CITY-ST-ZIP		54 CITY-ST-ZIP ***8.75	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

Mike Barber

3/25/97

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