

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N47285 (4)
 1. Corporation Name
CHaine DU LAC ASSOCIATION, INC.



Principal Place of Business 12253 PARK AVENUE WINDERMERE FL 34786 US	Mailing Address 12253 PARK AVENUE WINDERMERE FL 34786 US
--	--

3. Date Incorporated or Qualified
02/10/1992

4. FEI Number
59-3222713

Applied For
 Not Applicable

2. Principal Place of Business 21 2180 WEST SR 434 Suite, Apt. #, etc. 22 SUITE 5000 City & State 23 LONGWOOD FL Zip 24 32779 Country 25 US	2a. Mailing Address 26 2180 WEST SR 434 Suite, Apt. #, etc. 27 SUITE 5000 City & State 28 LONGWOOD FL Zip 29 32779 Country 30 US
--	---

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
BARBER, MIKE
12253 PARK AVENUE
WINDERMERE FL 34786

10. Name and Address of New Registered Agent
 81 Name **JAMES W. HART, JR.**
 82 Street Address (P.O. Box Number Is Not Acceptable)
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
 84 City **LONGWOOD** FL 85 Zip Code **32779**

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 **2/23/98**

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AZZOUZ, KEVIN H 12326 PARK AVENUE WINDERMERE FL 34786	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, MIKE 12253 PARK AVENUE WINDERMERE FL 34786	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AZZOUZ, WESLEY B 717 SECRET HARBOR LANE LAKE MARY FL 32748	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	12346 PARK AVE WINDERMERE FL 34786	<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 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.

SIGNATURE: *[Signature]* **WESLEY AZZOUZ** DATE **3/5/98**

Signature and Title of Director, Officer or Director

CR2E037 (10/97)