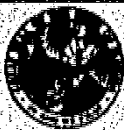


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:46

DOCUMENT # 723514 (6)

1. Corporation Name

CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O DON ASHER & ASSOCIATES INC
52 EAST SOUTH STREET
ORLANDO FL 32801
US

C/O DON ASHER & ASSOCIATES INC
52 EAST SOUTH STREET
ORLANDO FL 32801
US

3. Date Incorporated or Qualified

05/22/1972

3a. Date of Last Report

04/18/1994

4. FBI Number

59-1515897

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DON ASHER, & ASSOCIATES I
52 EAST SOUTH STREET
ORLANDO FL 32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

BERRY, EILEEN

STREET ADDRESS

1500 GAY RD 9-C

CITY - ST - ZIP

WINTER PARK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

President

Angevine, Mary

1500 Gay Road 2-A

Winter Pk, FL 32789

☒ Change ☐ Addition

TITLE

VP

NAME

ARNETT, MILLE

STREET ADDRESS

1500 GAY RD 24-B

CITY - ST - ZIP

WINTER PARK FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

BROWN, JAMES

STREET ADDRESS

1500 GAY RD

CITY - ST - ZIP

WINTER PARK FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Director

Kraus, Herb

1500 Gay Rd 20-B

Winter Pk, FL 32789

☐ Change ☒ Addition

TITLE

ST

NAME

ANGEVINE, MARY

STREET ADDRESS

1500 GAY RD 2-A

CITY - ST - ZIP

WINTER PARK FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Sec/Treas

Myers, Norman

1500 Gay Rd 20-B

Winter Pk, FL 32789

☒ Change ☐ Addition

TITLE

D

NAME

GRUNWALD, KAY

STREET ADDRESS

1500 GAY ROAD, #26-A

CITY - ST - ZIP

WINTER PARK FL 32782

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

AT

NAME

WELKER, CAROL

STREET ADDRESS

1500 GAY RD 9-A

CITY - ST - ZIP

WINTER PK FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Asst Sec/Treas

Vance, Virginia

1500 Gay Rd 19-c

Winter Pk, FL 32789

☒ Change ☐ 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Angevine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANGEVINE

4/6/95

645 0236

644-9198

0003400