FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1972
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1515897 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	X Change ☐ Addition
NAME	BERRY, EILEEN	1.2 NAME	Angevine, Mary	
STREET ADDRESS	1500 GAY RD 9-C	1.3 STREET ADDRESS	1500 Gay Road 2-A	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Pk, FL 32789	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	ARNETT, MILLE	2.2 NAME		
STREET ADDRESS	1500 GAY RD 24-B	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☐ Change X Addition
NAME	BROWN, JAMES	3.2 NAME	Kraus, Herb	
STREET ADDRESS	1500 GAY RD	3.3 STREET ADDRESS	1500 Gay Rd 20-B	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Winter Pk, FL 32789	
TITLE	ST	4.1 TITLE	Sec/Treas	XX Change ☐ Addition
NAME	ANGEVINE, MARY	4.2 NAME	Myers, Norman	
STREET ADDRESS	1500 GAY RD 2-A	4.3 STREET ADDRESS	1500 Gay Rd 20-B	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Winter Pk, FL 32789	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GRUNWALD, KAY	5.2 NAME		
STREET ADDRESS	1500 GAY ROAD, #26-A	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE	Asst Sec/Treas	X Change ☐ Addition
NAME	WELKER, CAROL	6.2 NAME	Vance, Virginia	
STREET ADDRESS	1500 GAY RD 9-A	6.3 STREET ADDRESS	1500 Gay Rd 19-c	
CITY-ST-ZIP	WINTER PK FL	6.4 CITY-ST-ZIP	Winter Pk, FL 32789	

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)(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 addition.

SIGNATURE: Mary Angevine Norman A Myers 4/6/95 645 0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY ANGEVINE 644-9198

0003800