


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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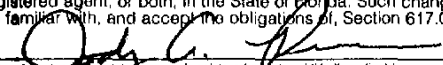
DOCUMENT # 755351 (4)  
1. Corporation Name  
CHATEAU LE BEAU CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business INC. APT. C-106 FT. MYERS FL 33919 US		Mailing Address 6725 WINKLER RD C-106 FT. MYERS FL 33919 US		3. Date Incorporated or Qualified 12/02/1980	
2. Principal Place of Business 21 6725-6731 Winkler Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 6731-205 Winkler Rd. Suite, Apt. #, etc.		4. FEI Number 59-1737244 Applied For Not Applicable	
22 City & State 23 Ft. Myers, FL		27 City & State 28 Ft. Myers, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33919 Country USA		29 33919 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LACOURSE, ROBERT E. 6725 WINKLER RD. #C106 FT. MYERS FL 33919		10. Name and Address of New Registered Agent 81 Name Judy A. Romano 82 Street Address (P.O. Box Number is Not Acceptable) 6731-207 Winkler Rd. 83 84 City Ft. Myers FL 85 Zip Code 33919	
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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 7/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE DUFFIE	1.2 NAME	Louis Fiola
STREET ADDRESS	6725 WINKLER RD. C-106	1.3 STREET ADDRESS	6731-206 Winkler Rd.
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME ARCHACKI	2.2 NAME	Judy A. Romano
STREET ADDRESS	6725 WINKLER RD., C-106	2.3 STREET ADDRESS	6731-207 Winkler Rd.
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACOURSE, ROBERT	3.2 NAME	Betty Roach
STREET ADDRESS	6725 WINKLER RD C106	3.3 STREET ADDRESS	6731-204 Winkler Rd.
CITY-ST-ZIP	FT MYERS, FL 00000	3.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPIENZA, JOHN	4.2 NAME	
STREET ADDRESS	6727 WINKLER RD B-207	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARENTETTE, GRAYCE ANN	5.2 NAME	
STREET ADDRESS	6731 WINKLER RD A-205	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  7/7/98 (941) 274-0303

CR2E037 (10/97)