


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90211 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 755351</b>					
1. Corporation Name <b>CHATEAU LE BEAU CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 6725-6731 WINKLER RD <del>APT. C-106</del> FT MYERS FL 33919 US			Mailing Address 6731-205 WINKLER RD <del>C-106</del> FT. MYERS FL 33919 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. <i>(above)</i> 22 <b>APT C-106 (delete)</b> 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>Delete C-106 above</b> 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified <b>12/02/1980</b>	
		4. FEI Number <b>59-1737244</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>ROMANO, JUDY A</b> <b>6731-207 WINKLER RD</b> <b>FT. MYERS FL 33919</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	FIOLA, LOUIS		
STREET ADDRESS	6731-206 WINKLER RD		
CITY-ST-ZIP	FT MYERS, FL 00000 33919		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	ROMANO, JUDY A		
STREET ADDRESS	6731-207 WINKLER RD		
CITY-ST-ZIP	FT MYERS, FL 00000 33919		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	ROACH, BETTY		
STREET ADDRESS	6731-204 WINKLER RD		
CITY-ST-ZIP	FT MYERS, FL 00000 33919		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	SAPIENZA, JOHN		
STREET ADDRESS	6727 WINKLER RD B-207		
CITY-ST-ZIP	FT MYERS, FL 00000		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	MARENTETTE, GRAYCE ANN		
STREET ADDRESS	6731 WINKLER RD A-205		
CITY-ST-ZIP	FT MYERS, FL 00000		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	<b>TANNER, RAY</b>		
3.3 STREET ADDRESS	<b>6731-107 Winkler Rd.</b>		
3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>		
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	<b>MURTO, JOSEPH</b>		
4.3 STREET ADDRESS	<b>6725-102 Winkler Rd</b>		
4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>		
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS	<b>6731-205 Winkler Rd</b>		
5.4 CITY-ST-ZIP	<b>33919</b>		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:

*Grayce Ann Marentette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 (941) 489-0069

Date Daytime Phone #

CR2E037 (11/98)