

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723514

1. Entity Name

CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90049 015 ****61.25

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

Mailing Address
C/O DON ASHER & ASSOCIATES INC
52 EAST SOUTH STREET
ORLANDO FL 32801-3308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1515897

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, TOM
1500 GAY ROAD
STE #23D
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCHUH, HELEN
STREET ADDRESS 1500 GAY ROAD, #23D
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ARNETT, MILLIE
STREET ADDRESS 1500 GAY RD 24-B
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GRUNWALD, KAY
STREET ADDRESS 1500 GAY ROAD, #8C
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME DOWD, JAMES
STREET ADDRESS 1500 GAY RD 18A WP
CITY-ST-ZIP WINTER PARK FL 32792

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TSD
NAME LUCAS, MARY
STREET ADDRESS 1500 GAY RD 16 B
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ASD
NAME BELANGER, LISA
STREET ADDRESS 1500 GAY RD
CITY-ST-ZIP WINTER PARK FL 32789

☒ Delete

TITLE ASD
NAME Jones, ROSE Lore
STREET ADDRESS 1500 GAY RD #7B
CITY-ST-ZIP Winter Park, FL 32789

☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

407-425-4561
Daytime Phone #

CR2E037 (9/99)