

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758623

1. Entity Name

CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90037 036 \*\*\*\*61.25

00097215



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2727 W. OAK RIDGE ROAD  
ORLANDO FL 32809

2727 W. OAK RIDGE ROAD  
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2227556

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

PEEPER, LOIS L  
2727 W. OAK RIDGE RD 8-2  
ORLANDO FL 32809

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 PEEPER, LOIS L  
STREET ADDRESS 2727 W. OAK RIDGE RD 8-2  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS  
NAME WILLS, SANDRA  
STREET ADDRESS 2929 W OAK RIDGE RD E-4  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME HATOUM, NAYET A  
STREET ADDRESS 2929 W OAKRIDGE RD D5  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE DVP  
NAME HATOUM, ADEL  
STREET ADDRESS 1956 Tiptree Cir  
CITY-ST-ZIP Orlando FL 32837 ☒ Change ☐ Addition

TITLE D  
NAME WEFKY, MANSOUR  
STREET ADDRESS 8976 ISLESWORTH CT  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Treasures ☒ Change ☐ Addition

TITLE DVP  
NAME POOLE, ANDREA  
STREET ADDRESS 2615 COBALT CT  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE DS  
NAME ANDREA DUVAL  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 *Andrea Duval* ANDREA DUVAL, SEC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 407-855-4227

CR2E037 (9/01)