

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90014 022 \*\*\*\*61.25

**DOCUMENT # 723514**

1. Entity Name  
**CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.**



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 US**

**54054905**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004

Chg-NP

CR2E037 (10/03)

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

**DON ASHER & ASSOCIATES, INC.  
52 E SOUTH STREET  
ORLANDO, FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | BROCK, WILLIAM B        |  |
| STREET ADDRESS | 1500 GAY RD, #2D        |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789   |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | IRACE, GIA              |  |
| STREET ADDRESS | 1500 GAY RD, #10A       |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789   |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KINGZETT, WILLIAM       |  |
| STREET ADDRESS | 11392 VIRGINIA LANE     |  |
| CITY-ST-ZIP    | CONNEAUT LAKE, PA 16318 |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | PORTOGHESE, THERESIA    |  |
| STREET ADDRESS | 1500 GAY RD, #9D        |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789   |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KRISTON, DENNIS         |  |
| STREET ADDRESS | 1500 GAY RD, #8A        |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789   |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | BRUCE, ROBERT           |  |
| STREET ADDRESS | 1500 GAY RD, #5B        |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>RICK HESLY</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>1500 GAY RD 19D</b>       |  |
| STREET ADDRESS | <b>WINTER PARK, FL 32789</b> |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>Raeferd Jackson</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>1500 GAY RD 11A</b>       |  |
| STREET ADDRESS | <b>WINTER PARK FL 32789</b>  |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>Tom Taylor</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>1500 GAY RD 23D</b>       |  |
| STREET ADDRESS | <b>WINTER PARK, FL 32789</b> |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>Millie Arnett</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>1500 GAY ROAD 24B</b>     |  |
| STREET ADDRESS | <b>WINTER PARK FL 32789</b>  |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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:** *Raeferd Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #