

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 043 ****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

40044577



2. Principal Place of Business
c/o Asset Real Estate

Suite, Apt. #, etc.
4004 Edgewater Dr.

City & State
Orlando FL

Zip
32804

Country
USA

3. Mailing Address
c/o Asset Real Estate

Suite, Apt. #, etc.
4004 Edgewater Dr.

City & State
Orlando FL

Zip
32804

Country
USA

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1515897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Weand Malchow PA
Street Address (P.O. Box Number is Not Acceptable): 646 East Colonial Drive
Orlando FL 32803
City: Orlando FL Zip Code: 32803

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

Paul. Weand Pres for Weand Malchow, P.A.

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, 2005

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	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, RAEFORD	
STREET ADDRESS	1500 GAY RD., 11A	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, TOM	
STREET ADDRESS	1500 GAY RD., #23D	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARNETT, MILLIE	
STREET ADDRESS	1500 GAY RD., #24B	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Veronica.	
STREET ADDRESS	P.O. Box 606	
CITY-ST-ZIP	Winter Park FL 32790	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Tom.	
STREET ADDRESS	1500 Gay Rd a3D	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnett, Millie	
STREET ADDRESS	1500 Gay Road a4B	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTT, Jan	
STREET ADDRESS	1500 Gay Road 17D	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kriston, Dennis	
STREET ADDRESS	1500 Gay Road 8A	
CITY-ST-ZIP	Winter Park FL 32789	
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:

Veronica Johnson 4/14/05 (407) 299-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #