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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-13-2003 90065 003 ****61.25

DOCUMENT # 758623

1. Entity Name
CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2727 W. OAK RIDGE ROAD ORLANDO FL 32809	2727 W. OAK RIDGE ROAD ORLANDO FL 32809

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2227556 ☐ Applied For ☐ Not Applicable

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 SANDRA K. WILLS Street Address (P.O. Box Number is Not Acceptable) 2929 W OAK Ridge Rd E-4 City Orlando FL Zip Code 32809

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 Sandra K Wills 1-3-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEEPER, LOIS L 2727 W. OAK RIDGE RD 8-2 ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLS, SANDRA 2929 W OAK RIDGE RD E-4 ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD Wills, Sandra 2929 W Oak Ridge Rd E-4 Orlando FL 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HATOUN, ADEL 1956 TIPTREE CIRCLE ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President DVP Hatoum, Adel 1956 Tiptree Circle Orlando FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEFKY, MANSOUR 8976 ISLESWORTH CT ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T John Cooper 2727 W Oak Ridge Rd 8-8 Orlando FL 32809	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DUVAL, ANDREA 2615 COBALT CT ORLANDO FL 32837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	No Secretary	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director D Robert Hoffman 2929 W Oak Ridge Rd 8-6 Orlando FL 32809	☐ Change ☑ Addition

CR2E037 (10/02)

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 R Wills President 1-03-03 407-857-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #