03-09-1999 90122 046 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 419289

| CHATEA   | U VILLAGE, INC.   |                                      |                                   |   |                                |
|--|---|--------------------------------------|-----------------------------------|---|--------------------------------|
| Principal Place  | of Business   | Mailing Address                      |                                   |   |                                |
| 612 53RD AVE W 8413-9TH AVEN.W.<br>BRADENTON FL 34207 BRADENTON FL 34209 |   |                                      |                                   | DO NOT WRITE IN THE   | S SDACE                        |
| US   |   |                                      |                                   | DO NOT WRITE IN THIS SPACE  |                                |
|  |   |                                      |                                   | <ol> <li>Date Incorporated or Qualified</li> <li>02/19/1973</li> </ol>                          | _                              |
| Principal Place of Business     2a. Mailing Address                      |   |                                      | ····                              | 4. FEI Number   | Applied For                    |
| 21 26  |   |                                      | 59-1443460                        | Not Applicable  |                                |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                                  |   |                                      | 5. Certificate of Status Desired  | \$8.75 Additional   |                                |
| 22 27  |   |                                      | 5. Schlicate of States Source     | Fee Required  |                                |
| City & State   | 9   | City & State                         |                                   | Election Campaign Financing     Trust Fund Contribution   | \$5:00 May Be<br>Added to Fees |
| Zip  | Country   | Zip                                  | Country                           | 8. This corporation owes the current year I   | ntangible<br>☐ Yes ☐ No        |
| 24   | 9. Name and Address of Currer   | 29 3                                 | <u>U</u>                          | Personal Property Tax.  10. Name and Address of New Registere                                   |                                |
|  | 9. Name and Address of Currer   | it Registered Agent                  | 81 Name                           | 10. Hame and realises of New Registers  |                                |
| WHITCOMB, HAROLD   |   |                                      |                                   | (D.O. Bay New hor is Not Acceptable)  |                                |
| 8413 9TH AVE N W   |   |                                      | 82 Street Add                     | ress (P.O. Box Number is Not Acceptable)  |                                |
| Bradenton, Fl  |   |                                      | 83                                |   |                                |
| 3420   | 9   |                                      | 84 City                           |   | 85 Zip Code                    |
|  |   |                                      |                                   | F   |                                |
| office or re<br>agent. I ar  | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida. Such change was aut      | horized by the corporati          | oration submits this statement for the purpose on's board of directors. I hereby accept the app | ointment as registered         |
| SIGNATURE  | Signature, typed or printed name of registered age  | nt and title if applicable. (NOTE: R | egistered Agent signature require |   |                                |
| 12.  | OFFICERS AN   | ID DIRECTORS                         | 13.                               | ADDITIONS/CHANGES TO OFFICERS   |                                |
| TITLE  | DPT   | ☐ DELETE                             | 1.1 TITLE                         |   | ☐ Change ☐ Addition            |
| NAME   | WEICHEL, JOHN A.  |                                      | 1.2 NAME                          |   | Ì                              |
| STREET ADDRESS   | 4401 RIVERVIEW BLVD WEST  |                                      | 1.3 STREET ADDRESS                |   |                                |
| CITY-ST-ZIP  | BRADENTON FL  |                                      | 1.4 CITY-ST-ZIP                   |   | Change Addition                |
| TITLE  | 8   | ☐ DELETE                             | 2.1 TITLE                         |   | ☐ Change ☐ Addition            |
| NAME   | WHITCOMB, HAROLD W.   |                                      | 2.2 NAME                          |   | ľ                              |
| STREET ADDRESS   | 8413-9TH AVE NW   |                                      | 2.3 STREET ADDRESS                |   |                                |
| CITY-ST-ZIP  | BRADENTON FL  | DELETE                               | 2.4 CITY-ST-ZIP                   |   | ☐ Change ☐ Addition            |
| TITLE  | DV  | ☐ nere+e                             |                                   |   |                                |
| NAME   | WELDON, JEAN  |                                      | 3.2 NAME<br>3.3 STREET ADDRESS    |   |                                |
| STREET ADDRESS   | 5115 36TH ST W  |                                      |                                   |   |                                |
| CITY-ST-ZiP  | BRADENTON FL  | ☐ DELETE                             | 3.4 CITY-ST-ZIP                   |   | Change Addition                |
| TITLE  |   | LJ 0555.5                            | 4. 2 NAME                         |   |                                |
| NAME<br>STREET ADDRESS   |   |                                      | 4.3 STREET ADDRESS                |   |                                |
|  |   |                                      | 4.4 CITY-ST-ZIP                   |   |                                |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE                             | 51 TITLE                          |   | ☐ Change ☐ Addition            |
| NAME   |   | _                                    | 5.2 NAME                          | •   |                                |
| STREET ADDRESS   |   |                                      | 5.3 STREET ADDRESS                |   |                                |
| CITY-ST-ZIP  |   |                                      | 5.4 CITY-ST-ZIP                   |   |                                |
| TITLE  |   | ☐ DELETE                             | 6.1 TITLE                         |   | ☐ Change ☐ Addition            |

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE