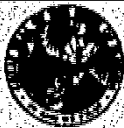


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:46

DOCUMENT # 723514 (6)

1. Corporation Name

CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1972
3a. Date of Last Report 04/18/1994
4. FBI Number 59-1515897
Applied For Not Applicable

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DON ASHER, & ASSOCIATES I
52 EAST SOUTH STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BERRY, EILEEN
STREET ADDRESS 1500 GAY RD 9-C
CITY-ST-ZIP WINTER PARK FL
TITLE VP
NAME ARNETT, MILLE
STREET ADDRESS 1500 GAY RD 24-B
CITY-ST-ZIP WINTER PARK FL
TITLE D
NAME BROWN, JAMES
STREET ADDRESS 1500 GAY RD
CITY-ST-ZIP WINTER PARK FL
TITLE ST
NAME ANGEVINE, MARY
STREET ADDRESS 1500 GAY RD 2-A
CITY-ST-ZIP WINTER PARK FL
TITLE D
NAME GRUNWALD, KAY
STREET ADDRESS 1500 GAY ROAD, #26-A
CITY-ST-ZIP WINTER PARK FL 32782
TITLE AT
NAME WELKER, CAROL
STREET ADDRESS 1500 GAY RD 9-A
CITY-ST-ZIP WINTER PK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Angevine, Mary
1.3 STREET ADDRESS 1500 Gay Road 2-A
1.4 CITY-ST-ZIP Winter Pk, FL 32789
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Kraus, Herb
3.3 STREET ADDRESS 1500 Gay Rd 20-B
3.4 CITY-ST-ZIP Winter Pk, FL 32789
4.1 TITLE Sec/Treas ☒ Change ☐ Addition
4.2 NAME Myers, Norman
4.3 STREET ADDRESS 1500 Gay Rd 20-B
4.4 CITY-ST-ZIP Winter Pk, FL 32789
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Asst Sec/Treas ☒ Change ☐ Addition
6.2 NAME Vance, Virginia
6.3 STREET ADDRESS 1500 Gay Rd 19-c
6.4 CITY-ST-ZIP Winter Pk, FL 32789

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANGEVINE

DATE

4/6/95

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644-9198

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