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FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90181 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723514					
1. Corporation 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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/22/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1515897	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required. <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, TOM 1500 GAY ROAD STE #23D WINTER PARK FL 32789				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS SCHUH, HELEN CITY-ST-ZIP 1500 GAY ROAD, #23D WINTER PARK FL 32792				1.1 TITLE Schuh, Helen <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PD 1.3 STREET ADDRESS 1500 Gay Road, #23D 1.4 CITY-ST-ZIP Winter Park, FL 32789			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS ARNETT, MILLIE CITY-ST-ZIP 1500 GAY RD 24-B WINTER PARK FL 32792				2.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Arnett, Millie 2.3 STREET ADDRESS 1500 Gay Road, #24B 2.4 CITY-ST-ZIP Winter Park, FL 32789			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS GRUNWALD, KAY CITY-ST-ZIP 1500 GAY ROAD, #8C WINTER PARK FL 32792				3.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Grunwald, Kay 3.3 STREET ADDRESS 1500 Gay Road, #25B 3.4 CITY-ST-ZIP Winter Park, FL 32789			
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS BARRY, EILEEN CITY-ST-ZIP 1500 GAY RD 20-B WINTER PARK FL 32792				4.1 TITLE VD <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Dowd, James 4.3 STREET ADDRESS 1500 Gay Road, #18A, W.P. 4.4 CITY-ST-ZIP FL 32789			
TITLE <input type="checkbox"/> DELETE NAME ASAT STREET ADDRESS D CITY-ST-ZIP 1500 GAY ROAD, #2C WINTER PARK FL 32792				5.1 TITLE TSD <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Lucas, Mary 5.3 STREET ADDRESS 1500 Gay Road, #16B 5.4 CITY-ST-ZIP Winter Park, FL 32789			
TITLE <input type="checkbox"/> DELETE NAME ST STREET ADDRESS MARY LUCAS CITY-ST-ZIP 1500 GAY RD., #16B WINTER PARK FL 32792				6.1 TITLE ASTD <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Belanger, Lisa 6.3 STREET ADDRESS 1500 Gay Rd, W.P. 6.4 CITY-ST-ZIP FL 32789			

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 617, 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.

SIGNATURE:

Signature of Helen Schuh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (407) 425-4561
Date Daytime Phone #

CR2E037 (11/98)