

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723514

1. Entity Name

CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90049 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O DON ASHER & ASSOCIATES INC  
52 EAST SOUTH STREET  
ORLANDO FL 32801  
US

C/O DON ASHER & ASSOCIATES INC  
52 EAST SOUTH STREET  
ORLANDO FL 32801-3308  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1515897

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, TOM  
1500 GAY ROAD  
STE #23D  
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SCHUH, HELEN  
STREET ADDRESS 1500 GAY ROAD, #23D  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ARNETT, MILLIE  
STREET ADDRESS 1500 GAY RD 24-B  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GRUNWALD, KAY  
STREET ADDRESS 1500 GAY ROAD, #8C  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME DOWD, JAMES  
STREET ADDRESS 1500 GAY RD 18A WP  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TSD ☐ Delete  
NAME LUCAS, MARY  
STREET ADDRESS 1500 GAY RD 16 B  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME ASTD  
STREET ADDRESS BELANGER, LISA  
CITY-ST-ZIP 1500 GAY RD  
WINTER PARK FL 32789

TITLE ☒ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00  
Date

407-425-4561  
Daytime Phone #

CR2E037 (9/99)