

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90101 022 ****61.25

DOCUMENT # 723514

1. Entity Name

CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.

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
US

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

59-1515897

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

WEAN & MALCHOW, PA
1301 EAST ROBINSON STREET
ORLANDO FL 32801

Name **Don Asher & Associates, Inc.**

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

52 E. South Street

City

Orlando

FL

Zip Code

32801

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

4/10/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRISTIN, DENNIS 1500 GAY ROAD #8A WINTER PARK FL 32789	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNADY, DORIS 1500 GAY ROAD #2A WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, VERONICA 1500 GAY ROAD #25A WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAESSIG, MARY 1500 GAY ROAD #25D WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CASE, DAN 1500 GAY ROAD #20D WINTER PARK FL 32789	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD WEBBER, STEPHANIE 1500 GAY ROAD #22C WINTER PARK FL 32789	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Norm Myers 1500 Gay Road #20B Winter Park, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Mary Lucas 1500 Gay Road #16B Winter Park, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Eileen Barry 1500 Gay Road #9C Winter Park, FL 32789	☐ Change ☒ Addition

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)