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Apr 21 1997 8:00am  
Secretary of State

**NOT FOR PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 811022 (3)**  
1. Corporation Name  
**ORLEANS CHATEAU AND VILLAS INC.**



Principal Place of Business: **% KELLEY, HERMAN & MILLS. ESQS. 1401 E. BROWARD BLVD., SUITE 206 FT LAUDERDALE FL 33301**

Mailing Address: **% KELLEY, HERMAN & MILLS. ESQS. 1401 E. BROWARD BLVD., SUITE 206 FT LAUDERDALE FL 33301-2116**

3. Date Incorporated or Qualified: **05/11/1956**  
3a. Date of Last Report: **04/19/1996**

21. Principal Place of Business <b>CHERYL J. LEVIN, ESQ.</b>	2a. Mailing Address <b>CHERYL J. LEVIN, ESQ.</b>
22. Suite, Apt. #, etc. <b>10226 NW 47 STREET</b>	27. Suite, Apt. #, etc. <b>10226 NW 47 STREET</b>
23. City & State <b>SUNRISE, FL</b>	28. City & State <b>SUNRISE, FL</b>
24. Zip <b>33351</b>	29. Zip <b>33351</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

4. FEI Number: **59-0790085**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**KELLEY, PATRICK G. 1401 E. BROWARD BLVD., SUITE 206 FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	<b>CHERYL J. LEVIN, ESQ., P.A.</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>COURTYARD BUSINESS CENTER</b>
83. Street Address	<b>10226 NW 47 STREET</b>
84. City	<b>SUNRISE FL</b>
85. Zip Code	<b>33351</b>

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: *Cheryl J. Levin* **Cheryl J. Levin** 4/1/97  
Signature, typed or printed name of registered agent and the corporation, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JR. R</b>	
STREET ADDRESS	<b>2000 S. OCEAN LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELLS, MARION G.</b>	
STREET ADDRESS	<b>2000 S. OCEAN LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENNING, CURTIS E.</b>	
STREET ADDRESS	<b>2000 S OCEAN LANE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PENISTEN, GARY D</b>	
STREET ADDRESS	<b>2000 S OCEAN LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EGLI, MILDRED A</b>	
STREET ADDRESS	<b>2000 S OCEAN LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JEAN DEGUISE</b>	
1.3 STREET ADDRESS	<b>2000 S. OCEAN LANE</b>	
1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>	
2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T. H. EMMERICH</b>	
2.3 STREET ADDRESS	<b>2000 S. OCEAN LANE</b>	
2.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>700002151267</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-04/23/97--01002--031</b>	
5.3 STREET ADDRESS	<b>***61.25</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>7000</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Robert M. Smith, Jr.* **Robert M. Smith, Jr.**

CR2E034 (9/96)