1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811022

1. Corporation Name

ORLEANS CHATEAU AND VILLAS INC.

Principal Place of Business
C O CHERYL J. LEVIN. ESO
10226 N.W. 47 STREET
SUNRISE FI 33351

Mailing Address

C O CHERYL J. LEVIN. ESO 10226 N.W. 47 STREET SUNRISE FL 33351

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

03-10-1999 90262 040 ****61.25



SUNRISE FL 33351 SUNRISE FL 33351) INTERNAL INTERNAL STORY STORY STORY STORY BEAUTH
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed
21 26					05/11/1956
Suite, Apt. #, etc. Suite, Apt. 3			pt. #, etc.		4. FEI Number Applied For
22 -		27		<u>-</u>	
City & State	9	City & State			5. Certificate of Status Desired 5. Servined
23		28			5. Certificate of Status Desired Fee Required
Zip	Country Zip		Count	ry	6. Election Campaign Financing \$5.00 May Be
24	25	29	30		Trust Fund Contribution Added to Fees
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
			8	1 Name	•
LEVAN CH	LEVIN, CHERYL J ESQ,PA				t Address (P.O. Box Number is Not Acceptable)
			"	2 Street	·
COURTYARD BUSINESS CENTER 10266 N.W. 47 STREET			8	13	
			L		lord 7 ords
SUNRISE	FL 33351		8	4 City	Fi 85 Zip Code
office or re agent. I as	m familiar with, and accept the obeg	gations of, Section 617.0505, Fig	niga Statut	30.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE		gent signature	e required when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TTL	Ē	V∆ Change □ Addition
NAME	SMITH, JR. R		1.2 NAM	E	SMITH, JR., R.M.
STREET ADDRESS	2000 S. OCEAN LANE		1.3 STRE	EET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY	-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D	☐ DELETE	2.1 TITU	E	Change Addition
NAME	DEGUISE, JEAN		2.2 NAM	Ε	
STREET ADDRESS	2000 S. OCEAN LANE		2.3 STR	EET ADORESS	s
	FORT LAUDERDALE FL 33316	•		(-ST-ZIP	
CITY-ST-ZIP		DELETE	3.1 TITL		P.D.
TITLE	SD THE STOLL THE	321			EMMERICH, T. H.
NAME	EMMERICH, T. H				
STREET ADDRESS	2000 S. OCEAN LANE	504 B442		EET ADDRESS	FORT LAUDER DALE, FL 33316
CITY-ST-ZIP	FORT LAUDERDALE FL 33310	6 □ DELETE		-ST-ZIP	Change Addition
TITLE	TD	□ oece1e	4.1 TITL		, , , , , , , , , , , , , , , , , , ,
NAME	PENISTEN, GARY D		4.2 NAA		
STREET ADDRESS			4.3 STRI	EET ADDRESS	s
CITY+ST-ZIP	FT. LAUDERDALE FL			-ST-ZIP	The Time
TITLE	VSD	☐ DELETE	5.1 TML		☐ Change ☐ Addition
NAME	TODD H WEAVER		5.2 NAM		
STREET ADDRESS	2000 S OCEAN LN		5.3 STR	EET ADDRESS	S
CITY-ST-ZIP	FT LAUDERDALE FL 33316	. <u></u>		-ST-ZIP	
TITLE ·		☐ DELETE	6.1 TITL	E	Change MAddition
NAME			6.2 NAM	Ε	MONTALBAND, THOMAS 2000 S. OCE AN LANE
STREET ADDRESS			6.3 STR	EET ADDRESS	s 2000 S. OCE AN LAME
OTHER MULICIST			64 CITY	-ST-ZIP	FORTLAUDERDATE, FL 33316

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 suppliemental annual report is true and accordance 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 of the receiver or trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-99 954-524-612

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