


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90079 023 ****61.25

DOCUMENT # 811022
 1. Entity Name
ORLEANS CHATEAU AND VILLAS INC.



Principal Place of Business
 C/O CHERYL J. LEVIN, ESQ
 10226 N.W. 47 STREET
 SUNRISE, FL 33351

Mailing Address
 C/O CHERYL J. LEVIN, ESQ
 10226 N.W. 47 STREET
 SUNRISE, FL 33351

34058678



2. Principal Place of Business
 40 Patrick G. Kelly

3. Mailing Address
 1401 E Broward
 Suite, Apt. #, etc.
 206

06162004 Chg-NP CR2E037 (10/03)

City & State
 Ft LAUDERDALE FL

City & State
 Ft LAUDERDALE FL

Zip
 33301

Country
 Broward

4. FEI Number
 59-0790085

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LEVIN, CHERYL J ESQ, PA
 10226 NW 47TH STREET
 SUNRISE, FL 33351-7970

7. Name and Address of New Registered Agent
 Name
 Patrick G. Kelly
 Street Address (P.O. Box Number is Not Acceptable)
 1401 E Broward Blvd
 Ft LAUDERDALE, FL
 City
 FL Zip Code
 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Patrick G. Kelly* 6/22/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCSMITH, JR., ROBERT 2000 S. OCEAN LANE #17 FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOODY, LESTER E 2000 S. OCEAN LANE #603 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENISTEN, GARY D 2000 S OCEAN LANE FT. LAUDERDALE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTANBONO, PATRICIA 2000 S OCEAN LANE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2DVP WEAVER, TODD 2000 S-OCEAN LANE #11 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Gillette 2000 S. Ocean Lane #602 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T+S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *Patricia A. Montalbano* Vice President 6/18/2004 954-321-6464
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #