


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90038 016 \*\*\*\*61.25

<b>DOCUMENT # 811022</b> 1. Entity Name <b>ORLEANS CHATEAU AND VILLAS INC.</b>					
Principal Place of Business <b>C/O PATRICK G. KELLY 10226 N.W. 47 STREET SUNRISE, FL 33351</b>			Mailing Address <b>1401 E BROWARD 206 FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box # <b>2000 S. Ocean Ln</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Ft Lauderdale, FL</b> Zip <b>33316</b>		City & State <b>Broward</b> Zip <b>33316</b>		4. FEI Number <b>59-0790085</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KELLY, PATRICK G 1401 E BROWARD BLVD FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>GILLETTE, DENNIS</del> <del>2000 S. OCEAN LANE #602</del> <del>FORT LAUDERDALE, FL 33316</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P. Virginia Moody</b> <b>2000 S. OCEAN LN #603</b> <b>FT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>MOODY, LESTER E</del> <del>2000 S. OCEAN LANE #603</del> <del>FORT LAUDERDALE, FL 33316</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TS</del> <del>PENISTEN, GARY D</del> <del>2000 S. OCEAN LANE #4</del> <del>FT. LAUDERDALE, FL</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>Director</del> <del>MONTALBANO, PATRICIA</del> <del>2000 S. OCEAN LANE #6</del> <del>FORT LAUDERDALE, FL 33316</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Montalbano, Patricia</b> <b>2000 S. Ocean Lane, #6</b> <b>Ft. Lauderdale, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>MAUS, JUDY</del> <del>2000 S OCEAN LN #502</del> <del>FORT LAUDERDALE, FL 33316</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Maus, Judy</b> <b>2000 S. Ocean Lane, #502</b> <b>Ft. Lauderdale, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VP</del> <del>Schenkel, David</del> <del>2000 S. Ocean Lane, #204</del> <del>Ft. Lauderdale, FL 33316</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Schenkel, David</b> <b>2000 S. Ocean Lane, #204</b> <b>Ft. Lauderdale, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any other like empowered.					
SIGNATURE: <u><i>GD Penisten</i></u> <span style="float: right;">2/8/07</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Daytime Phone #</span>					