

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90138 031 \*\*\*\*61.25

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**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**

**69013320**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0790085**

Applied For  
Not Applicable

Zip Country Zip Country

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

**LEVIN, CHERYL J ESQ,PA**  
**10226 NW 47TH STREET**  
**SUNRISE FL 33351-7970**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE                                      | NAME  | STREET ADDRESS            | CITY-ST-ZIP                     | TITLE  | NAME  | STREET ADDRESS                  | CITY-ST-ZIP              |
|--|---|---------------------------|---------------------------------|--|---|---------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Delete | <b>VP</b><br><b>GILLETTE, MIMI</b>            | <b>2000 S OCEAN LANE</b>  | <b>FORT LAUDERDALE FL 33316</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>Vice Pres.</b><br><b>ROBT MC SMITH, JR.</b>  | <b>2000 S. Ocean Lane # 17</b>  | <b>FT LAUD. FL 33316</b> |
| <input checked="" type="checkbox"/> Delete | <b>PB</b><br><b>EMMERICH, T. H</b>            | <b>2000 S. OCEAN LANE</b> | <b>FORT LAUDERDALE FL 33316</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>President</b><br><b>LESTER E. MOODY</b>      | <b>2000 S. Ocean Lane # 603</b> | <b>FT LAUD. FL 33316</b> |
| <input type="checkbox"/> Delete            | <b>TD</b><br><b>PENISTEN, GARY D</b>          | <b>2000 S OCEAN LANE</b>  | <b>FT. LAUDERDALE FL</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |                                 |                          |
| <input type="checkbox"/> Delete            | <b>VSD Sec</b><br><b>MONTANBONO, PATRICIA</b> | <b>2000 S. OCEAN LANE</b> | <b>FORT LAUDERDALE FL 33316</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>Secretary</b>                                |                                 |                          |
| <input checked="" type="checkbox"/> Delete | <b>ST</b><br><b>WELLS, MARION G</b>           | <b>2000 S OCEAN LANE</b>  | <b>FORT LAUDERDALE FL 33316</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>2nd Vice President</b><br><b>TODD WEAVER</b> | <b>2000 S. Ocean Lane # 11</b>  | <b>FT Land. FL 33316</b> |
| <input type="checkbox"/> Delete            |   |                           |                                 | <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: **SIGNATURE** *Lester E. Moody* **2-21-03**

CR2E037 (10/02)