

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90057 049 ***150.00

DOCUMENT # 853351

1. Corporation Name

CHATEAU ELAN LTD., INC.

Principal Place of Business

**100 TOUR DE FRANCE
BRASELTON GA 30517**

Mailing Address

**100 TOUR DE FRANCE
BRASELTON GA 30517**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1982

4. FEI Number

13-3123349

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

**PENCE, TOM
547 SOUTH RANGER BLVD.
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PANOZ, DONALD E.	
STREET ADDRESS	2 PAYNTERS ROAD	
CITY-ST-ZIP	TUCKERS TOWN, BERMUDA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SYFAN, T. TREADWELL	
STREET ADDRESS	812 MEMORIAL DRIVE	
CITY-ST-ZIP	GAINESVILLE GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PANOZ, NANCY C.	
STREET ADDRESS	2 PAYNTERS ROAD	
CITY-ST-ZIP	TUCKERS TOWN BERMUDA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MASTANDREA, TONY	
STREET ADDRESS	741 CHANNING DRIVE	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	BC	<input checked="" type="checkbox"/> DELETE
NAME	KIRBY, MICHAEL	
STREET ADDRESS	2615 RIDGEBROOK TRAIL NW	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Mastandrea, Anthony J.
4.3 STREET ADDRESS	2725 Florence Ann Terrace
4.4 CITY-ST-ZIP	Buford, GA 30519
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Anthony J. Mastandrea, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

770-271-6903

Date Daytime Phone #

CR2E034 (11/98)