FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:43

DOCUMENT # **F93000004635 (9)**

1. Corporation Name
KOLPAK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 137 715 ST. CROIX STREET RIVER FALLS WI 54022	2665 SO. BAYSHORE DR. STE 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 62-1308315 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~THE PRENTICE-HALL CORPORATION SYSTEM, INC.~~
~~1201 HAYS ST.~~
~~SUITE 105~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Peter W. Klein
82 Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Drive
83: Suite 800
84 City: Miami FL 85 Zip Code: 33133

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] 03/07/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE	D/CEO	☒ Change ☐ Addition
NAME	~~HAINLEY, GARY L.~~	12 NAME	Hainley, Gary L.	
STREET ADDRESS	~~715 ST. CROIX STREET~~	13 STREET ADDRESS	715 St. Croix Street	
CITY-ST-ZIP	~~RIVER FALLS WI 54022~~	14 CITY-ST-ZIP	River Falls, WI 54022	
TITLE	~~DV~~	21 TITLE	D/COB	☐ Change ☒ Addition
NAME	~~BROOKWAY, PETER G~~	22 NAME	Powell, Earl W.	
STREET ADDRESS	~~2665 SOUTH BAYSHORE DRIVE 8TH FLOOR~~	23 STREET ADDRESS	2665 South Bayshore Drive	
CITY ST ZIP	~~MIAMI FL 33133-5401~~	24 CITY-ST-ZIP	Miami, Florida 33133	
TITLE	~~VTAS~~	31 TITLE	EVP/CFO	☒ Change ☐ Addition
NAME	~~BENNETT, DOUGLAS~~	32 NAME	Bennett, Douglas	
STREET ADDRESS	~~715 ST. CROIX STREET~~	33 STREET ADDRESS	715 St. Croix Street	
CITY-ST-ZIP	~~RIVER FALLS WI 54022~~	34 CITY-ST-ZIP	River Falls, WI 54022	
TITLE	~~SD~~	41 TITLE	S	☒ Change ☐ Addition
NAME	~~KLEIN, PETER W~~	42 NAME	Klein, Peter W.	
STREET ADDRESS	~~2665 SOUTH BAYSHORE DRIVE 8TH FLOOR~~	43 STREET ADDRESS	2665 South Bayshore Drive	
CITY-ST-ZIP	~~MIAMI FL 33133-5401~~	44 CITY-ST-ZIP	Miami, Florida 33133	
TITLE	~~VAS~~	51 TITLE	VP/Assistant Secretary	☒ Change ☐ Addition
NAME	~~BROADWAY, TERRY E~~	52 NAME	Broadway, Terry E.	
STREET ADDRESS	~~999 SOUTH FLORIDA AVENUE~~	53 STREET ADDRESS	5214 Maryland Way	
CITY ST ZIP	~~PARSONS TN 38363~~	54 CITY ST ZIP	Brentwood, Tennessee 37027	
TITLE	~~DVAS~~	61 TITLE	VP/Assistant Secretary	☒ Change ☐ Addition
NAME	~~TEMPLETON, TROY D~~	62 NAME	Templeton, Troy D.	
STREET ADDRESS	~~2665 SOUTH BAYSHORE DRIVE 8TH FLOOR~~	63 STREET ADDRESS	2665 South Bayshore Drive	
CITY ST ZIP	~~MIAMI FL 33133-5401~~	64 CITY-ST-ZIP	Miami, Florida 33133	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marilyn D. Kuffner, Assistant Secretary 03/07/95 (305)858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR

Kolpak, Inc. (#F93000004635)
Additions to Officers and Directors

Director
George, Phillip T.
2665 South Bayshore Drive
Miami, Florida 33133

President
Jester, Ronald
265 South bayshore Drive
Miami, Florida 33133

Assistant Secretary
Kuffner, Marilyn D.
2665 South Bayshore Drive
Miami, Florida 33133

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12:53

DOCUMENT # **F93000004837 (1)**

1. Corporation Name
CHATEAU COMMUNITIES, INC.

Principal Place of Business	Mailing Address
19500 HALL ROAD CLINTON TOWNSHIP MI 48038-1477	19500 HALL ROAD CLINTON TOWNSHIP MI 48038-1477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/22/1993**
3a. Date of Last Report: **10/11/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **38-3132038**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOLL, JOHN A	12 NAME	
STREET ADDRESS	19500 HALL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038-1477	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	KELLOGG, C.G.	22 NAME	
STREET ADDRESS	19500 HALL ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038-1477	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	FISCHER, TAMARA D	32 NAME	
STREET ADDRESS	19500 HALL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038-1477	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X _____ Tamara D. Fischer 3/27/95 (810)286-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number