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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L14926

(4)

1. Corporation Name

CHATEAU TALLAHASSEE, INC.

Principal Place of Business

1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

Mailing Address

1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1989

4. FEI Number

59-2258095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTTICE, HOMER J.
~~2111 N MONROE ST, #203~~
TALLAHASSEE FL 32308

81 Name

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

1834 Hermitage Blvd.

83 Ste 201

84 Tallahassee

FL

85 Zip Code 32308

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 appointment, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

Signature typed and 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 ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME ~~PD~~
STREET ADDRESS ~~2111 N MONROE ST #203~~
CITY-ST-ZIP ~~TALLAHASSEE FL 32308~~

12 NAME PS
13 STREET ADDRESS 1834 Hermitage Blvd., Ste 201
14 CITY-ST-ZIP Tallahassee FL 32308

TITLE ☒ DELETE

21 TITLE ☐ Change ☐ Addition

NAME ~~PD~~
STREET ADDRESS ~~181 VAN DONALD F.~~
CITY-ST-ZIP ~~61 WINDRUSH LANE~~
~~BARRINGTON IL~~

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☒ Change ☐ Addition

NAME MOTTICE, JOHN P
STREET ADDRESS 2111 N MONROE
CITY-ST-ZIP TALLAHASSEE FL

32 NAME
33 STREET ADDRESS 1834 Hermitage Blvd., Ste 201
34 CITY-ST-ZIP Tallahassee FL 32308

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE: *[Signature]*

H. New Mottice

8503862117

CR2E034 (10/97)