FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N15898

(2)

CHATEAU MONET CONDOMINIUM ASSOCIATION									
Principal Place of Business		Mailing Address				ARA OLIO IL OLIO IL OLI			
% USONIAN HO	IMES INC	% USONIAN HOMES, INC.	IISONIAN HOUES INC						
8736 NW 40 ST 8738 NW 40 ST									
CORAL SPGS. FL 33065 CORAL SPGS. FL 33065-2916			916			Date Incorporated or Qualified	3a. Date o	I nel P	anort
					07/16/1986		01/199		
2. Principal Pla	ace of Business	2a. Malling Address			4. FEI Number	<u></u>		plied For	
21		26				59-2437329			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75	Additional	
22		27						Fee Re	
City & State		City & State				6. Election Campaign Financing	<u>, , , , , , , , , , , , , , , , , , , </u>	\$5.00	
23 Zip	Country	28 Zip	Cou	ntry		Trust Fund Contribution		Added t	
24	25 29 30			riu y	1	8. This corporation has liability for in Florida Statutes	ntangible tax Yes 🔀 N		199.032,
<u> </u>	9. Name and Address of Curren		1901			10. Name and Address of New Reg			······································
		Name							
ERICKSON, G.R. C				82 5	Ctroot Addre	ss (P.O. Box Number is Not Acceptabl	2		
8736 NW 40TH ST				0.	Slippi Huule	55 (F.O. DUX HUIIIDEI 18 HUI ACCEPIEM	6)		ļ
CORAL S	SPRINGS FL 33065		ſ	83					
			1	84 (City		8	5 Zip C	?ode
					•		FL.	1	
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.									
SIGNATURE _									
12.	Signature, typed or printed name of registered age OFFICERS ANI			5 Agent s	signature required	When reinstating)	DATE EDC AND DIE		0.11.10
TITLE	DP OFFICERS AND	DELETE	1.1 111	TI F		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	ERICKSON, GLEN		1.2 NA					Chango	Tunal Provinces
STREET ADDRESS	8736 NW 40 STREET		1	reet adi	INRESC				
CITY-ST-ZIP	CORAL SPRINGS FL			TY-ST-Z	1				
TITLE	DV	DELETE	2.1 TII					Change	Addition
NAME	ZESCHKE, KEN		2.2 NA	AME					
STREET ADDRESS	8730 NW 40 STREET		2.3 51	REET ADI	IDRESS	 .			
CITY-S1-ZiP	CORAL SPRINGS FL		2.4 C	ΠY-ST-	ZIP				
†i†LE	D\$	DELETE	3.1 717					Change	Addition
NAME	ZESCHKE, JOAN		3.2 NA	ME	1				
STREET ADDRESS	8730 NW 40TH ST		3.3 \$1	IREET ADI	ORESS				
CHTY - ST - ZIP	CORAL SPRINGS FL			HY-ST-	ZIP				:
TITLE	DT			TLE			ليا	Change	Addition
NAME	ERICKSON, LINDA		4. 2 N/						
STREET ADDRESS	8736 NW 40TH ST		1	rreet adi					!
CITY+ST-ZIP TITLE	CORAL SPRINGS FL	☐ DELETE		TY-\$T-Z	ŽIP			Oberson	Addition
ì		LJ DELETE	5.1 T(1				سا	Change	Addition
NAME CIDECT ADDRESS			5.2 NA						
STREET ADDRESS				TREET ADI					!
CHTY-ST-ZIP THILE		DELETE	5.4 CF	TY - ST - Z	ZIP			Change	Addition
NAME			6.2 NA					Citaligo	LJ Monton
STREET ADDRESS				rme Treet adi	wated				!
CITY-\$1-ZIP				TY-ST- <i>I</i>	- 1				
14. I do hereb	y certify that the information supplied	d with this filing does not quali	fy for the	exemp	otion stated i	n Section 119.07(3)(i), Florida Statutes	. I further cer	tify that	the
information I am an off	n indicated on this annual report of s	supplemental annual report is to r the receiver or trustee empow	true and a vered to e	accura	ite and that n	ny signature shall have the same legat as required by Chapter 617, Florida St	effect as it o	nada Unc	der oath that l

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

954-572-0247

FILED

May 07 1997 8:00am

Secretary of State

Daytime Phone # 0022252