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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15898** (2)

1. Corporation Name

CHATEAU MONET CONDOMINIUM ASSOCIATION



Principal Place of Business	Mailing Address
% USOMAN HOMES, INC. 8736 NW 40 ST CORAL SPGS. FL 33065	% USOMAN HOMES, INC. 8736 NW 40 ST CORAL SPGS. FL 33065

3. Date Incorporated or Qualified	07/16/1986
4. FEI Number	59-2437329
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8730 NW 40 St	26 8730 NW 40 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Coral Springs, FL	28 City & State Coral Springs, FL
24 Zip 33065	29 Zip 33065
25 Country USA	30 Country USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
ERICKSON, G.R. C 8736 NW 40TH ST CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name JOAN ZESCHKE
82 Street Address (P.O. Box Number Is Not Acceptable) 8730 NW 40 St.
83 City Coral Springs, FL 33065
84 City FL
85 Zip Code 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 Joan Zeschke (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP DS
NAME	ERICKSON, GLEN	1.2 NAME	ZESCHKE, JOAN
STREET ADDRESS	8736 NW 40 STREET	1.3 STREET ADDRESS	8730 NW 40 St
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DV	2.1 TITLE	DV DT
NAME	ZESCHKE, KEN	2.2 NAME	ZESCHKE, KEN
STREET ADDRESS	8730 NW 40 STREET	2.3 STREET ADDRESS	8730 NW 40 St
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DS	3.1 TITLE	
NAME	ZESCHKE, JOAN	3.2 NAME	
STREET ADDRESS	8730 NW 40TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	ERICKSON, LINDA	4.2 NAME	
STREET ADDRESS	8736 NW 40TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Zeschke

CR2E037 (10/97)