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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000001801 (0)

1. Corporation Name

DANIA CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

421 S.E. 10TH STREET
DANIA FL 33004

C/O D.C.I.
2801 SIMMS STREET
HOLLYWOOD FL 33020-1510

3. Date Incorporated or Qualified 04/22/1993	3a. Date of Last Report 11/21/1996
4. FEI Number 65-0473791	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANT, INC.
2901 SIMMS STREET
ANDREW MEYROWITZ
HOLLYWOOD FL 33020

81 Name Richard Greenhill
82 Street Address (P.O. Box Number is Not Acceptable) C/O Condo Accounting Inc.
83 9000 Sheridan Street #146
84 City Pembroke Pines
85 State FL
86 Zip Code 33024

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 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: *Richard Greenhill* Richard Greenhill 02/25/97
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSON, JUDY	1.2 NAME	
STREET ADDRESS	401 S.E. 10 ST., #203B	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JANA	2.2 NAME	
STREET ADDRESS	401 SE 10 ST., #205-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, NORMA	3.2 NAME	
STREET ADDRESS	441 SE 10TH ST., APT. 101D	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSTE, VIVIAN	4.2 NAME	TD FUSTE, VIVIAN
STREET ADDRESS	401 SE 10TH ST., APT. 101B	4.3 STREET ADDRESS	401 SE 10th ST, APT 101B
CITY-ST-ZIP	DANIA FL 33004	4.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SD Barbaree King
STREET ADDRESS		5.3 STREET ADDRESS	430 SE 7th St #101E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dania, FL 33004
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *J. Jensen* JENSEN. 954 437-9200
Signature, typed or printed name of signing officer, director, receiver or trustee (Daytime Phone #)

CR2E037 (9/96)