


FILE NOW: FILING FEE IS \$61.25

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**Apr 09 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 # N93000001801 (0)

1. Corporation Name

DANIA CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 421 S.E. 10TH STREET DANIA FL 33004	Mailing Address 670 S.E. 1 2501 GIMMS STREET HOELWOOD FL 33020
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3. Date Incorporated or Qualified 04/22/1993		
4. FEI Number 65-0473791	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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		

2. Principal Place of Business 21	2a. Mailing Address 26 <i>Crest Property Mgmt</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>PO BOX 452347</i>
City & State 23	City & State 28 <i>Sunrise FL</i>
Zip 24	Country 30 <i>USA</i>
Country 25	Zip 29 <i>33345</i>

9. Name and Address of Current Registered Agent

**GREENHILL, RICHARD
% CONDO ACCOUNTING, INC.
9000 SHERIDAN STREET., #146
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name <i>Crest Property Mgmt</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>4700 Hiatus Road #156</i>
83 City <i>Sunrise</i>
84 State <i>FL</i>
85 Zip Code <i>33381</i>

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 K. Greenhill* DATE *4/1/98*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, JUDY	
STREET ADDRESS	401 S.E. 10 ST., #203B	
CITY-ST-ZIP	DANIA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURBUREE, KING	
STREET ADDRESS	430 S.E. 7TH ST., #101-E	
CITY-ST-ZIP	DANIA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CONNOR, NORMA	
STREET ADDRESS	441 SE 10TH ST., APT. 101D	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FUSTE, VIVIAN	
STREET ADDRESS	401 S.W. 10TH ST., APT 101B	
CITY-ST-ZIP	DANIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARCI Wasserman	
1.3 STREET ADDRESS	441 SE 10th St 107D	
1.4 CITY-ST-ZIP	DANIA FL 33004	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Warren Schobel	
2.3 STREET ADDRESS	430 SE 7th St 307E	
2.4 CITY-ST-ZIP	DANIA FL 33004	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerson Zuleberg	
3.3 STREET ADDRESS	441 SE 10th St 202D	
3.4 CITY-ST-ZIP	DANIA FL 33004	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pedro Santos	
4.3 STREET ADDRESS	430 SE 7th St 104E	
4.4 CITY-ST-ZIP	DANIA FL 33004	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norma D. Connor*

CR2E037 (10/97)