

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90033 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001801

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 CREST PROPERTY MGMT P.O. BOX 452347 SUNRISE FL 33345 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/22/1993
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0473791
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country

9. Name and Address of Current Registered Agent CREST PROP MGMT 4700 HIATUS RS SUITE 156 SUNRISE FL 33351	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code FL

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: *Don Castano* *Agent* DATE: *3/16/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WASSERMAN, MARCI	1.2 NAME	
STREET ADDRESS	441 SE 10TH ST, #1070	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SCHOBER, WARREN	2.2 NAME	
STREET ADDRESS	430 SE 7TH STREET, SUITE 307-E	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD CONNER, NORMA	3.2 NAME	Norma Conner
STREET ADDRESS	441 SE 10TH ST., APT. 101D	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ZALEBERG, GERSON	4.2 NAME	
STREET ADDRESS	441 SE 10TH ST, #202-D	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SANTES, PEDRO	5.2 NAME	VP Pedro Santos
STREET ADDRESS	430 SE 7TH STREET, #104-E	5.3 STREET ADDRESS	430 SE 7th St #104E
CITY-ST-ZIP	DANIA FL 33004	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Don Castano* SIGNATURE REQUIRED DATE: *3/15/99*

CR2E037 (11/98)