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Secretary of State

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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 # N95000003844

1. Corporation Name

LES CHATEAUX COMMONS ASSOCIATION, INC.

Principal Place of Business

3838 TAMiami TR. N
#410
NAPLES FL 34103
US

Mailing Address

3838 TAMiami TR. N
#410
NAPLES FL 34103
US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0683745	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CONROY, J THOMAS III
3838 TAMiami TR N
SUITE 101
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	CONROY THOMAS J.	
82 Street Address (P.O. Box Number is Not Acceptable)	4200 CONROY, P.O.	
83	3838 TAMiami TRAIL N. SUITE 101	
84 City	NAPLES	85 Zip Code 34103

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

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	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KESSOUS, MICHAEL	1.2 NAME	
STREET ADDRESS	3838 TAMiami TR. N., #410	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, PATRICIA	2.2 NAME	
STREET ADDRESS	3838 TAMiami TR. N., #410	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	AYERS, JEAN	3.2 NAME	RON HUGHES
STREET ADDRESS	1880 LEWS CHATEAUX BLVD, #10-202	3.3 STREET ADDRESS	1885-LES CHATEAUX BLVD #8-204
CITY-ST-ZIP	NAPLES FL 34109	3.4 CITY-ST-ZIP	NAPLES FL 34109
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KESSOUS*x* 4/26/99

Date

941-644-1230

Daytime Phone

CR2E037 (1/98)