

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003844

1. Entity Name

LES CHATEAUX COMMONS ASSOCIATION, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90111 034 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3838 TAMiami TR. N #410 NAPLES FL 34103 US	3838 TAMiami TR. N #410 NAPLES FL 34108-8903 US

2. Principal Place of Business	3. Mailing Address
1100 PINE RIDGE ROAD Suite, Apt. #, etc.	1100 PINE RIDGE ROAD Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 65-0683745	Applied For <input type="checkbox"/> Not Applicable
Zip 34108-8903	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONROY, J THOMAS III MORRISON & CONROY, P.A. 3838 TAMiami TRAIL N, STE 402 NAPLES FL 34103	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSOUS, MICHAEL 3838 TAMiami TR. N., #410 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSOUS, MICHAEL 1100 PINE RIDGE ROAD NAPLES, FL 34108-8903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, PATRICIA 3838 TAMiami TR. N., #410 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, PATRICIA 1100 PINE RIDGE ROAD NAPLES, FL 34108-8903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, RON 1885 LES CHATEAUX BLVD, #8-204 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED X 2/25/00 X 941-649-1230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)