

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000044143 (2)

1. Corporation Name
LES CHATEAUX DEVELOPERS, INC.



Principal Place of Business

2375 TAMiami TRAIL NORTH STE 208
NAPLES FL 33940

Mailing Address

2375 TAMiami TRAIL NORTH STE 208
NAPLES FL 34103-4439

3. Date Incorporated or Qualified
05/30/1995

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 3838 TAMiami TR. N., #410
23 City & State
NAPLES, FL
24 Zip 34103 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.
27 3838 TAMiami TR. N., #410
28 City & State
NAPLES, FL
29 Zip 34103 30 Country USA

4. FEI Number
65-0598444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

*CHEFFY, JANE Y
2375 TAMiami TRAIL NORTH STE 207
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name J. THOMAS CONROY III
82 Street Address (P.O. Box Number is Not Acceptable)
975-6TH AVENUE SO.
83 SUITE 101
84 City NAPLES FL 85 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	KESSOUS, MICHAEL	
STREET ADDRESS	2375 TAMiami TRAIL NORTH STE 208	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KESSOUS, MICHAEL	
STREET ADDRESS	2375 TAMiami TRAIL NORTH STE 208	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3838 TAMiami TR. N., #410
14 CITY-ST-ZIP	NAPLES, FL 34103
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3838 TAMiami TR. N., #410
24 CITY-ST-ZIP	NAPLES, FL 34103
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

941-649-1230

CR2E034 (9/96)