

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721551

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** CHATEAU-BY-THE-SEA, INC.

**Current Principal Place of Business:**

3663 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

3663 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-1410730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRICKEL, KENT  
4715 HALL ROAD  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GEMSCH, MARKUS  
Address: 1281 SEYBOLD TERRACE  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: TESCHE, IRMA  
Address: 3663 S ATLANTIC AVE UNIT 21D  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P/T  
Name: CRAWFORD, TONI  
Address: 989 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S  
Name: SHAVER, SHARON  
Address: 3663 S. ATLANTIC AVE UNIT 33 B  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: MULLER, JUDY  
Address: 201 CHELTON CIRCLE  
City-St-Zip: WINTER PARK, FL 32789

Title: VP  
Name: STORY, AMY  
Address: 1771 KILLARNEY DR  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TONI CRAWFORD

PRES

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date