

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90147 021 ****61.25

DOCUMENT # 725028

1. Entity Name

LE CHATEAU ROYAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3540 S OCEAN BLVD.
 SOUTH PALM BEACH FL 33480

3540 S OCEAN BLVD.
 SOUTH PALM BEACH FL 33480-5757

A3959550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1502174

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDLANDER, YALE
 3540 S OCEAN BLVD
 APT 405
 SOUTH PALM BEACH FL 33480

Name: **Steve Gargiulo**
 Street Address (P.O. Box Numbers Not Acceptable):
3540 So. Ocean Blvd.
Apt. 502
 City: **S. Palm Beach** FL Zip Code: **33480**

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

[Handwritten Signature]

4/28/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLANDER, YALE	NAME	Friedlander Yale
STREET ADDRESS	3540 S. OCEAN BLVD.	STREET ADDRESS	3540 So. Ocean Blvd.
CITY-ST-ZIP	S. PALM BEACH FL	CITY-ST-ZIP	S. Palm Beach, FL
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKE, LENORE	NAME	Antonucci Joseph
STREET ADDRESS	3540 S. OCEAN BLVD.	STREET ADDRESS	3540 So. Ocean Blvd.
CITY-ST-ZIP	S. PALM BEACH FL	CITY-ST-ZIP	S. Palm Beach, FL
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSTEIN, ROBERT	NAME	
STREET ADDRESS	3540 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	S. PALM BEACH FL	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MARQUERITE	NAME	
STREET ADDRESS	3540 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	S. PALM BEACH FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gargiulo Stephen	NAME	
STREET ADDRESS	3540 So. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	S. Palm Beach, FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paraci Carol	NAME	
STREET ADDRESS	3540 So Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	S. Palm Beach, FL	CITY-ST-ZIP	

CR2E037 (9/99)

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:

[Handwritten Signature]

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #