

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90146 016 \*\*\*\*61.25

**DOCUMENT # 725028**

1. Entity Name

**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

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

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

~~GARGIULO, STEVE  
 3540 S OCEAN BLVD  
 APT 502  
 SOUTH PALM BEACH FL 33480~~  
**BAKER, CARL  
 3540 S. OCEAN BLVD  
 APT 705  
 SOUTH PALM BEACH, FL 33480**

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.

**\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>GARGIULO, STEPHEN 3540 S OCEAN BLVD S. PALM BEACH FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>V.D. FARACI, CAROL 3540 S. OCEAN BLVD. S. PALM BEACH FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD FRIEDLANDER, YALE 3540 S OCEAN BLVD S PALM BEACH FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD ANTONUCCI, JOSEPH 3540 S OCEAN BLVD S PALM BEACH FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D TRAIMAN, HENRY 3540 S OCEAN BLVD PALM BEACH FL 33480</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>• PRESIDENT BAKER, CARL 3540 S OCEAN BLVD. PALM BEACH FL 33480</del>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SECRETARY Mildred Sousa 3540 So. Ocean Blvd. S.P.B., FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TREASURER ARLENE CANTY 3540 S. OCEAN BLVD SO. PALM BEACH, FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D BUD ROBINSON 3540 SO. OCEAN BLVD SO. PALM BEACH, FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D Judy Pizza 3540 South Ocean Blvd S.P.B., FL 33480</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Mardd Serota 3540 South Ocean Blvd. S.P.B., FL 33480</b>	<input type="checkbox"/> Change <input checked="" 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)(l), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

561-585-3940

Daytime Phone #

CR2E037 (9/01)

0038023