


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90006 046 ****61.25

DOCUMENT # 725028

1. Entity Name
LE CHATEAU ROYAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3540 S OCEAN BLVD.
 SOUTH PALM BEACH, FL 33480**

Mailing Address
**3540 S OCEAN BLVD.
 SOUTH PALM BEACH, FL 33480**

34060954



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1502174

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MILLER, BARBARA
 3540 S OCEAN BLVD
 #511W
 SOUTH PALM BEACH, FL 33480**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOUSA, MILDRED 3540 SO. OCEAN BLVD PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARACI, CAROL 3540 S. OCEAN BLVD. S. PALM BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINER, SARLEY 3540 S OCEAN BLVD S PALM BEACH, FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, RICHARD 3540 S OCEAN BLVD S PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNSTEIN, STUART 3540 S OCEAN BLVD PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEROTA, HAROLD 3540 S OCEAN BLVD. PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pelfrey, Philip 3540 S. Ocean Blvd 506E S. Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gomez, Nemesio 9900 SW 97th Court (206E) Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Weiner, Shirley 3540 South Ocean Blvd 611W S. Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bialek, John 4 Oakmont Court (210W) Streamwood, IL 60107-1921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Miller, Barbara 3450 S. Ocean Blvd (511W) S. Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Clark, Bonnie 3450 S. Ocean Blvd (701E) S. Palm Beach, FL 33480 <input checked="" 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: *Philip Pelfrey* **7/6/04** **561-585-3990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment



54060954
725028

3540 S. Ocean Blvd.
South Palm Beach Florida 33480
(561) 585-3940 Office
(561) 585-7763 Fax

**2004 NOT-FOR-PROFIT
ANNUAL REPORT**

OFFICERS AND DIRECTORS

TITLE: DIRECTOR

NAME: MCKENNA, MARIANNE (508W)

STREET ADDRESS: 323 GRANITE ST.

CITY & STATE ROCKPORT, MA 01966
