

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 011 ****61.25



DOCUMENT # 725028
 1. Entity Name
LE CHATEAU ROYAL CONDOMINIUM ASSOCIATION, INC.

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/06)

4. FEI Number Applied For
59-1502174 Not Applicable

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

6. Name and Address of Current Registered Agent
MCKENNA, MARIANNE
3540 S OCEAN BLVD
#508
SOUTH PALM BEACH FL 33480

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: *Timothy Feeney* *2/21/07*
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
Due By May 1, 2007

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	P RABLEY, WILLIAM 383 FLAT SWAMP LAKE RD DENTON NC 27239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENNA, MARIANNE 3540 S OCEAN BLVD # 508 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKER, JAMES JR 3540 S OCEAN BLVD #603 S PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, NEM 9900 SW 97 CT MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINER, SHIRLEY 3540 S. OCEAN BLVD PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOGOWER, HARRY 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	Secretary Marianne McKenna 3540 S. Ocean Blvd #508 S. P. Bch, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tim Feeney - Treasurer 3540 South Ocean Blvd #500 S. Palm Bch, Fl. 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Norman Kuener 3540 S. Ocean Blvd #916 S. Palm Bch, FL. 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Weiss 3540 South Ocean Blvd. S. Palm Bch, Fl. 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Timothy Feeney* *2/21/07* *561-585-3940*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davine Phone #