

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90017 035 ****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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

Zip Country



1st MOORE CR2E037 (10/07)

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
MCKENNA, MARIANNE
3540 S OCEAN BLVD
#508
SOUTH PALM BEACH FL 33480

7. Name and Address of New Registered Agent
 Name: **Tim Feeney**
 Street Address (P.O. Box Number is Not Acceptable):
3540 S. Ocean Blvd # 500
 City: **South 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *M. Jung Treasurer* DATE: **1/30/08**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	RABLEY, WILLIAM	
STREET ADDRESS	383 FLAT SWAMP LAKE RD	
CITY-ST-ZIP	DENTON NC 27239	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKENNA, MARIANNE	
STREET ADDRESS	3540 S OCEAN BLVD # 508	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROCKER, JAMES JR	
STREET ADDRESS	3540 S OCEAN BLVD #603	
CITY-ST-ZIP	S PALM BEACH FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOMEZ, NEM	
STREET ADDRESS	9900 SW 97 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	FEENEY, TIM	
STREET ADDRESS	3540 SOUTH OCEAN BLVD. #500	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUENER, NORMAN	
STREET ADDRESS	3540 SOUTH OCEAN BLVD. #916	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Weiss	
STREET ADDRESS	28 Carleton Circle	
CITY-ST-ZIP	Belmont, mass 02478	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nem Gomez	
STREET ADDRESS	9900 SW 97 Ct	
CITY-ST-ZIP	Miami, FL. 33176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Backiel	
STREET ADDRESS	3540 S. Ocean Blvd, 607	
CITY-ST-ZIP	S. Palm Bch, FL. 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *M. Jung Treasurer* DATE: **1/30/08**