

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90195 023 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**AS ABOVE**

3. Mailing Address  
**AS ABOVE**

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**

**BAKER, CARL  
3540 S OCEAN BLVD  
APT 705  
SOUTH PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

Name **HAROLD ROBINSON, PRESIDENT**  
Street Address (P.O. Box Number is Not Acceptable) **3540 S. OCEAN BLVD #109**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harold Robinson*  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SOUSA, MILDRED</b>	
STREET ADDRESS	<b>3540 SO. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FARACI, CAROL</b>	
STREET ADDRESS	<b>3540 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>S. PALM BEACH FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CANTY, ARIENE</b>	
STREET ADDRESS	<b>3540 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBINSON, BUD</b>	
STREET ADDRESS	<b>3540 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PIZZA, JUDY</b>	
STREET ADDRESS	<b>3540 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAKER, CARL</b>	
STREET ADDRESS	<b>3540 S OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD SOUSA, MILDRED</b>	
STREET ADDRESS	<b>3540 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S. PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARACI, CAROL</b>	
STREET ADDRESS	<b>3540 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S PALM BEACH FL 33480</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOUSA, MILDRED</b>	
STREET ADDRESS	<b>3540 SO OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S. PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRANDT, RICHARD</b>	
STREET ADDRESS	<b>3540 SO OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S. PALM BEACH FL 33480</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STUART BRANNSTEIN</b>	
STREET ADDRESS	<b>3540 SO PALM BEACH OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S. PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAROLD SEROTA</b>	
STREET ADDRESS	<b>3540 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>S. PALM BEACH FL 33480</b>	

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: *Harold Robinson*

Date **2/10/03/03** Daytime Phone # **561-585-3940**

CR2E037 (10/02)