

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729975

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: CHATEAU SUZANNE, INC.

**Current Principal Place of Business:**

3030 BINNACLE DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

3030 BINNACLE DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-1641909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAPASSO, JILL  
3030 BINNACLE DRIVE  
NAPLES, FL 34103      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: VIVIANO, LUCREZIA  
Address: 327 ELK RD  
City-St-Zip: MONROEVILLE, NJ 08343

Title: S      ( ) Delete  
Name: CAMBRUZZI, IDA MAE  
Address: 3030 BINNACLE DR  
City-St-Zip: NAPLES, FL 34103

Title: T      ( ) Delete  
Name: SOKOL, GENE  
Address: 3030 BIANNACLE DR 302  
City-St-Zip: NAPLES, FL 34103

Title: D      ( ) Delete  
Name: GIRARD, DAVID  
Address: POB 327  
City-St-Zip: WESTMINSTER, MA 01473

Title: V      ( ) Delete  
Name: VIVIANO, GIROLAMO  
Address: 327 ELK RD  
City-St-Zip: MONROEVILLE, NJ 08343

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: STIRLING, CHRISTOPHER  
Address: 3030 BINNACLE DR. #309  
City-St-Zip: NAPLES, FL 34103

Title: S      (X) Change ( ) Addition  
Name: CAMBRUZZI, IDA MAE  
Address: 3030 BINNACLE DR #303  
City-St-Zip: NAPLES, FL 34103

Title: T      (X) Change ( ) Addition  
Name: MAKUNAS, MICHAEL  
Address: 3030 BIANNACLE DR #104  
City-St-Zip: NAPLES, FL 34103

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MAKUNAS

T

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date