2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name

CHATEAU TERESE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 Mailing Address

713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060



 \Box

04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1979225 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Eskir inggedaddadda	SCAL SELECTION OF SEVERAL RESIDENCE AND ADMINISTRATION OF SEVERAL PROPERTY OF SEVERAL		Sandania, s	:: K-188		ree Kequirea			
6. Name and Address of Current Registered Agent			STURES.						
PENDLETON, CHRISTINE 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060					NOT WRIT	eu o Caronines i coloniare			
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_	Signature, typed or printed name of registered agent and little	required when reinstating)	DAT	E					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	<u> </u>				
10.	OFFICERS AND DIREC	CTORS	400 B. F. S.			600.0011144166.0003			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PENDLETON, CHRISTINE 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 D FRED GRAHAM, 2801 33 COURT #203 FT. LAUDERDALE, FL 33306 D								
NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, RAY 2801 33 COURT #103 FORT LAUDERDALE, FL 33306			. DO	NOT WRIT	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in in	THIS SPAC	E			
TITLE NAME STREET ADDRESS GITY-ST-ZIP									
TITLE 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

994-941-7328

Date

Daytime Phone #