## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#758623** 

FILED Apr 22, 2004 Secretary of State

Entity Name: CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W. SR 434, STE. 5000 2180 W. SR 434 LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 W. SR 434, STE. 5000 2180 W. SR 434 LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 59-2227556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HART, JAMES W JR. C/O SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 327795044 US

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:

Floating Company of Designature of Asset

## Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 WILLS, SANDRA
 Name:
 HOFFMAN, ROBERT

 Address:
 2929 W OAK RIDGE RD E-4
 Address:
 2929 W OAK RIDGE RD #B-6

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32809

Title:D() DeleteTitle:VPD(X) Change () AdditionName:WILLS, SANDRAName:SPAIGHT, LUELETHAAddress:2929 W OAK RIDGE RD E-4Address:2727 W OAK RIDGE RD #1-4

Address: 2929 W OAK RIDGE RD E-4 Address: 2727 W OAK RIDGE RD #1-City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

Title: DVP ( ) Delete Title: SD (X) Change ( ) Addition Name: HATOUN, ADEL Name: HOPE-GILL, CHARLES

Address: 1956 TIPTREE CIRCLE Address: 6068 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32819

 Name:
 COOPER, JOHN
 Name:
 QUIJANO, KEVIN

 Address:
 2727 W OAK RIDGE RD 8-8
 Address:
 327 DESOTO CIR

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32804

Name: Name: SIMON, NANCY

 Address:
 Address:
 2727 OAK RIDGE RD W #1-1

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT HOFFMAN PD 04/22/2004