

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2005  
Secretary of State**

DOCUMENT# 758623

Entity Name: CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

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

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

HART, JAMES W JR.  
C/O SENTRY MANAGEMENT INC  
2180 W. SR 434, STE. 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: HOFFMAN, ROBERT  
Address: 2929 W OAK RIDGE RD #B-6  
City-St-Zip: ORLANDO, FL 32809

Title: VPD ( ) Delete  
Name: SPAIGHT, LUELETHA  
Address: 2727 W OAK RIDGE RD #1-4  
City-St-Zip: ORLANDO, FL 32809

Title: SD ( ) Delete  
Name: HOPE-GILL, CHARLES  
Address: 6068 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete  
Name: QUIJANO, KEVIN  
Address: 327 DESOTO CIR  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: SIMON, NANCY  
Address: 2727 OAK RIDGE RD W #1-1  
City-St-Zip: ORLANDO, FL 32809

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

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

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

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

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 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

04/13/2005

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

\_\_\_\_\_  
Date