


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90052 017 ****61.25

DOCUMENT # 762890

1. Entity Name
CHATEAU BAYONNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1050A EASTLAKE WOLDS PKWY
 OLDSMAR, FL 34677 US**

Mailing Address
**1050A EASTLAKE WOLDS PKWY
 OLDSMAR, FL 34677 US**

40013384



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2867758 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCANNAVINO, DOMINICK
 1050A EAST LAKE WOODLANDS PKWY
 OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIGLIORELLI, JOHN 14820 RUE DE BAYONNE #603 CLEARWATER, FL 34622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLEARWATER FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARL, ROBERT 14820 RUE DE BAYONNE #601 CLEARWATER, FL 34622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLEARWATER FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIENCYKOSKI, RONALD 14820 RUE DE BAYONNE #604 CLEARWATER, FL 34622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLEARWATER FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAYAN, BORA 14820 RUE DE BAYONNE #403 CLEARWATER, FL 34622 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SANTIAGO, NYDIA 14820 RUE DE BAYONNE #403 CLEARWATER FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEECE, WILLIAM 14820 RUE DE BAYONNE #506 CLEARWATER, FL 34622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLEARWATER FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert W. Carl 1-25-05 727-561-0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT W. CARL