


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90008 049 ****61.25

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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**

40048751

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
720 Brooker Creek Blvd. #206

3. Mailing Address
 City & State
Oldsmar, FL 34677

Zip
34677

Country

02222007 Chg-NP CR2E037 (12/06)

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
Scannavino, Inc.

Street Ad
720 Brooker Creek Blvd. #206

City
Oldsmar, FL 34677

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 *Dominick Scannavino* DATE **3-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 D	CROSS, PAULETTE 14820 RUE DE BAYONNE #406 CLEARWATER, FL 33762	TITLE BY GROSS, PAULETTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	CARL, ROBERT 14820 RUE DE BAYONNE #601 CLEARWATER, FL 33762	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TVD	PIENCYKOSKI, RONALD 14820 RUE DE BAYONNE #604 CLEARWATER, FL 33762	TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	SANTIAGO, NYDIA 14820 RUE DE BAYONNE # 402 CLEARWATER, FL 33762	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	FLEECE, WILLIAM 14820 RUE DE BAYONNE #506 CLEARWATER, FL 33762	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE [Blank]	[Blank]	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Carl* DATE: **3/20/07** DAYTIME PHONE #: **727-561-0773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CARL, PRES