

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762890

FILED
Jan 14, 2009
Secretary of State

Entity Name: CHATEAU BAYONNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-2867758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO INC.
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 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: DV () Delete
Name: HERRICK, STEVEN
Address: 14820 RUE DE BAYONNE 608
City-St-Zip: CLEARWATER, FL 33762

Title: DP () Delete
Name: CARL, ROBERT
Address: 14820 RUE DE BAYONNE #601
City-St-Zip: CLEARWATER, FL 33762

Title: DT () Delete
Name: PIENCYKOSKI, RONALD
Address: 14820 RUE DE BAYONNE #604
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: THOMPSON, KEVIN
Address: 14820 RUE DE BAYONNE 307
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: FLEECE, WILLIAM
Address: 14820 RUE DE BAYONNE #506
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HERRICK, STEVEN
Address: 14820 RUE DE BAYONNE #608
City-St-Zip: CLEARWATER, FL 33762

Title: DV (X) Change () Addition
Name: CARL, ROBERT
Address: 14820 RUE DE BAYONNE #601
City-St-Zip: CLEARWATER, FL 33762

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

Title: DS (X) Change () Addition
Name: HASKELL, BRUCE
Address: 14820 RUE DE BAYONNE #206
City-St-Zip: CLEARWATER, FL 33762

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN HERRICK

Electronic Signature of Signing Officer or Director

D/P

01/14/2009

_____ Date