

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29344 (1)
1. Corporation Name
CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9380 SUNSET DRIVE SUITE B-250 MIAMI FL 33173 US	Mailing Address 9380 SUNSET DRIVE SUITE B-250 MIAMI FL 33173 US
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3. Date Incorporated or Qualified
11/18/1988

4. FEI Number
65-0082240

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIR.
SUITE 1102
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CARRASCO, MARCIA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 10375 S.W. 154 CIR. CT. #83	CITY-ST-ZIP MIAMI FL 33196	
TITLE TD	NAME TEVAR, ELSA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 10315 S.W. 154 CIR. CT., #29	CITY-ST-ZIP MIAMI FL	
TITLE SD	NAME BERNAL, GLADYS	<input type="checkbox"/> DELETE
STREET ADDRESS 10330 S.W. 154 CIR. CT. #53	CITY-ST-ZIP MIAMI FL 33196	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME elsa tevar	
1.3 STREET ADDRESS 10315 SW 154 Cir Ct #29	
1.4 CITY-ST-ZIP miami fl 33196	
2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME nicolas gomez	
2.3 STREET ADDRESS 10375 SW 154 cir ct #83	
2.4 CITY-ST-ZIP miami fl 33196	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CP2E037 (10/97)