

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90009 041 ****61.25

DOCUMENT # N29344

1. Entity Name

CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O M.A.C. MANAGEMENT, INC.
 8357 W. FLAGLER ST., PMB #353
 MIAMI FL 33144
 US

C/O M.A.C. MANAGEMENT, INC.
 8357 W. FLAGLER ST., PMB #353
 MIAMI FL 33144
 US

80028060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0082240

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMEJO, MARIA A
8511 N.W. 8TH STREET
SUITE 111
MIAMI FL 33126

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MORELLA, JUSTAMANTE**
 STREET ADDRESS **10310 SW 154 CIR CT #10**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD DUARTE, LINDA**
 STREET ADDRESS **10310 S.W. 154 CIR. CT. #12**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **JDL VALDES, ORLANDO**
 STREET ADDRESS **10320 SW 154TH CIR #5**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DASILVA, LUZ**
 STREET ADDRESS **10340 SW 154 PLACE #469**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TINES FENN**
 STREET ADDRESS **10315 SW 154 CIR. CT. #31**
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]* **REQUIRED**

02/01/02 (315) 262-1123

CR2E037 (9/01)