


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90214 028 ****61.25

DOCUMENT # N29344			
1. Entity Name CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O M.A.C. MANAGEMENT, INC. 8357 W. FLAGLER ST., PMB #353 MIAMI FL 33144 US		Mailing Address C/O M.A.C. MANAGEMENT, INC. 8357 W. FLAGLER ST., PMB #353 MIAMI FL 33144 US	
2. Principal Place of Business Suite, Apt. #, etc. 1200 NW 78 Ave # 215		3. Mailing Address SAME AS # 2	
City & State MIAMI, FL		City & State	
Zip 33126	Country DADE	Zip	Country
6. Name and Address of Current Registered Agent CAMEJO, MARIA A 8511 N.W. 8TH STREET SUITE 111 MIAMI FL 33126		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MORELLA, JUSTAMANTE 10310 SW 154 CIR CT #10 MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUARTE, LINDA 10310 S.W. 154 CIR. CT. #12 MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENN, INES 10315 SW 154 CIRCLE CT. #31 MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUET, JORGE 10395 SW 154 CIR. CT. #105 MIAMI FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARIA M. ROMAN 10305 SW 154 CR. CT. #28 MIAMI, FL 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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MOORE CR2E037 (11/03)

4. FEI Number **65-0082240** Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **05/05/04 (305) 202-1123**