


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90021 039 \*\*\*\*61.25

**DOCUMENT # N29344**

1. Entity Name  
**CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1200 NW 78 AVE.  
 #215  
 MIAMI, FL 33126 US

Mailing Address  
 1200 NW 78 AVE.  
 #215  
 MIAMI, FL 33126 US

**50033089**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0082240**

Applied For  
 Not Applicable

Zip Country

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

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria A Camejo*

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

TITLE	PD <input type="checkbox"/> Delete
NAME	<del>MORELLA, JUSTAMANTE</del> <b>BUSTAMANTE</b>
STREET ADDRESS	10310 SW 154 CIR CT #10
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	SD <input type="checkbox"/> Delete
NAME	DUARTE, LINDA
STREET ADDRESS	10310 S.W. 154 CIR. CT. #12
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	T <input type="checkbox"/> Delete
NAME	FENN, INES
STREET ADDRESS	10315 SW 154 CIRCLE CT. #31
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D <input type="checkbox"/> Delete
NAME	ROMAN, MARIA M
STREET ADDRESS	10305 SW 154 CIR. CT., #28
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ines Fenn* **03/29/05 (305) 262-1123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**INES FENN, TREASURER**