

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744022 (5)

1. Corporation Name

CHATEAUBLEAU VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3822 SOUTHWEST 107 AVENUE
MIAMI FL 33165
US**

**9010 SOUTHWEST 137 AVENUE
SUITE 112
MIAMI FL 33186
US**

3. Date Incorporated or Qualified

08/23/1978

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

SAME

2a. Mailing Address

7154-B SOUTH WEST 47 ST

4. FEI Number

59-2116697

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24

25

Country

29

Zip

33155

30

Country

DADE

9. Name and Address of Current Registered Agent

**CADICO MANAGEMENT COMPANY
9010 SOUTHWEST 137 AVENUE
SUITE 112
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

GROUP CADICORP, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

83

7154-B SOUTH WEST 47TH STREET

84 City

MIAMI

FL

85

**Zip Code
33155**

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

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

GROUP CADICORP, INC.

03-20-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BOUE, CECILIE**
STREET ADDRESS **3822 SW 107 AVE.**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE
NAME **TD VILLAR, BENITO**
STREET ADDRESS **3856 S.W. 107TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **SD MENDVINA, GLADYS**
STREET ADDRESS **3858 SW 107 AVE.**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

SAME

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

SAME

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

SAME

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Cecilia H. Boue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-96

305-668-4800

Date:

Daytime Phone #

CR2E037 (12/95)