FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 744022

(5)

CHATEAUBLEAU VILLAS ASSOCIATION. INC.

Principal Place of Business Mailing Address						1100		IBI BIBI BIBII DIBI	Ateli ala	ii eieli ieei	
3822 SOUTHWEST 107 AVENUE MIAMI FL 33165 US		MIAMI FL 3	7154-B SOUTH WEST 47 ST MIAMI FL 33155-4854 US								
						08/23	orated or Qualified 1/1978	3a. Date of I 03/2	ast Re 5/199		
	lace of Business		2a. Mailing Address				140007			olied For	
	AME	26					16697			Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				of Status Desired	/D: +-	.75 Ad See Rec	dditional	
City & State	9	27 City & 5	City & State				mpaign Financing				
23			28				mpaign rinancing Contribution		dded to	May Be	
Zip	Country	Zip	=======================================				ration has liability for i		***************************************		
24	25	29	Ĭ,	30		Florida Stat	tutes	Yes XX No	1001 0.	193.002,	
	9. Name and Address of Curre	nt Registered A	gent			10. Name and	Address of New Re	platered Agent			
				81	Name						
GROUP CADICORP, INC				82	Street	Street Address (P.O. Box Number is Not Acceptable)					
9010 SOUTHWEST 137 AVENUE											
7154-B \$	SOUTH WEST 47TH STREET		⁸³ 7154			154-B SOUTH	-B SOUTH WEST 47TH STREET				
Miami Fi	L 33155		-			IIAMI	A A 4 4			85 Zip Code	
					I				2211	55	
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	i02 and 617.1508, le of Florida. Such	, Fiorida Statute Lichange was au	s, the abov thorized h	e-named	l corporation submits the	is statement for the pactors. I berehy accen	urpose of chang	jing its	registered	
agent I a	m familiar with, and accept the obli	gations of, Section	n 617.0503, Flor	ida Statute	s.	poracion o board or and		the appointm	411 665 11	ogialorea	
SIGNATURE											
12.	Signature, typed or printed name of registered a	gent and title if applicable	le (NOTE:	Registered Ag	ent signature	e required when reinstating)	CHANGES TO OFFIC	DATE	CTOOL	2 INI 40	
TITLE	PD	NO DIRECTORS	DELETE	1.1 TITLE		T	CHANGES TO OFFIC	Cho AND DINE		Addition	
NAME	BOUE, CECILIEN			1.2 NAME		SAME			er So	Lad Addition	
STREET ADORESS	3822 SW 107 AVE.				T ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-							
TITLE	TD		DELETE	2.1 TITLE	2) - £11	SAME		□ ci	nance	Addition	
NAME	VILLAR, BENITO			2.2 NAME		O' WILL			•		
STREET ADDRESS	marka Aliat Januari Alian		2.3 STREE	.3 STREET ADDRESS							
CITY - ST - ZIP	MIAMI FL			2.4 CITY-	ST-ZIP						
TITLE	SD		DELETE	3.1 TITLE		SAME		☐ CI	ange	Addition	
NAME	MENDVINA, GLADYS			3.2 NAME							
STREET ADORESS	3858 SW 107 AVE.			3.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00000			3.4. CITY-	ST-ZIP						
TITLE			DELETE	4.1 TITLE				☐ CI	ange	☐ Addition	
NAME				4.2 NAME							
STREET ADDRESS				4.3 STREE	ADDRESS						
CITY - ST - ZIP			DELETE	4.4 CITY-:	ST - ZIP					6.4407	
TITLE			L. DELETE	5.1 TITLE				☐ CI	ange	Addition	
NAME CTREET ADDITIONS				5.2 NAME							
STREET ADDRESS				5.3 STREE		!					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-: 6.1 TITLE	ot-ZIP			C	ance	Addition	
NAME				6.2 NAME				LJ 1/1	m Ac	Publicati	
STREET ADDRESS					T ADDRESS	1					
CITY-ST-ZIP				6.4 CITY-							
14. I do heret	by certify that the information suppli	ed with this filing	does not qualify	for the exc	mption s	stated in Section 119.07	(3)(i), Florida Statutes	. I further certif	y that ti	he	
Informatio	n Indicated on this annual report or flicer or director of the corporation o	supplemental and or the receiver or t	nual report is tru trustee empowe	ue and acc red to exec	urata and	i that my signature shal	il hava the same lensi	affect as if me.	ർമ വാൾ	or noth, that I	
appears i	n Block 12 or Block 13 if changed,	or on an attachme	ent with an addr	ess.		p.s., et /squiice sy 0				,0	
	P_{\bullet}	F & Fall D. Fr. 109			M Maria			44. 4			

SIGNATURE:

4-30-17 1305) 663.4800

FILED

May 30 1997 8:00am

Secretary of State