

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 003 ****61.25

DOCUMENT # 744022

Corporation Name

CHATEAUBLEAU VILLAS ASSOCIATION, INC.

Principal Place of Business

**22 SOUTHWEST 107 AVENUE
AMI FL 33165**

Mailing Address

**7154-B SOUTH WEST 47 ST
MIAMI FL 33155
US**

613865 - 90004 - 3



Principal Place of Business same	2a. Mailing Address same	3. Date Incorporated or Qualified 08/23/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2116697
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 25	Zip Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**GROUP CADICORP, INC
7154-B SOUTH WEST 47TH STREET
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name Chateaubleau Villa	85 Zip Code 33155
82 Street Address (P.O. Box Number is Not Acceptable)	
83 7154-B South West 47th Street	
84 City Miami	FL

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 **Cecilien Boue For Chateaubleau Villas** *Cecilien H Boue* **02-18-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE PD <input type="checkbox"/> DELETE	BOUE, CECILIEN	1.1 TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME 3822 SW 107 AVE.		1.2 NAME	
REET ADDRESS MIAMI, FL 00000		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE TD <input checked="" type="checkbox"/> DELETE	VILLAR, BENITO	2.1 TITLE	Marcelo Benitez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME 3856 S.W. 107TH AVE.		2.2 NAME	3894 South West 107th Ave.
REET ADDRESS MIAMI FL		2.3 STREET ADDRESS	Miami, Florida 33165
Y-ST-ZIP		2.4 CITY-ST-ZIP	TD
LE SD <input type="checkbox"/> DELETE	MENDVINA, GLADYS	3.1 TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME 3858 SW 107 AVE.		3.2 NAME	
REET ADDRESS MIAMI, FL 00000		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, as changed, on an attachment with an address, with all other like empowered.

SIGNATURE: **Cecilien Boue** *Cecilien H Boue*
SIGNATURE REQUIRED**02-18-99 (305) 668-4800**

CR2E037 (1/98)