

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

1. Entity Name  
CHATEAUBLEAU VILLAS ASSOCIATION, INC.



Mailing Address  
7154-B SOUTH WEST 47 ST  
MIAMI, FL 33155 US

**DO NOT WRITE IN THIS SPACE**



CR2E037 (10/03)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHATEAUBLEAU VILLA  
7154-B SOUTH WEST 47TH STREET  
MIAMI, FL 33155

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

**9. Election Campaign Financing Trust Fund Contribution.**

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LOPEZ, LUIS
STREET ADDRESS	3920 SW 107TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33165

TITLE	PD
NAME	BENITEZ, MARCELO
STREET ADDRESS	3894 SOUTH WEST 107TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33165

TITLE	SD
NAME	GARCIA, ORLANDO
STREET ADDRESS	3860 SW 107TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33165

TITLE	D
NAME	GARCIA, SONIA
STREET ADDRESS	3878 SW 107 AVE
CITY - ST - ZIP	MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST. ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000082003  
03/09/04-80009-018 61.25

DO NOT WRITE  
IN THIS SPACE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Frequency #