## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#744022** 

FILED Sep 06, 2006 Secretary of State

Entity Nam	e: CHATEAUBLEAU VILLAS ASSOCIATION, IF	NC.
Current Pri	ncipal Place of Business:	New Principal Place of Business:
3822 SOUT MIAMI, FL (	HWEST 107 AVENUE 33165 US	
Current Mailing Address:		New Mailing Address:
7154-B SOL MIAMI, FL	JTH WEST 47 ST 33155 US	7700 NORTH KENDALL DRIVE SUITE PH-2 MIAMI, FL 33156 US
FEI Number: 5	59-2116697 FEI Number Applied For() FE e with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	BLEAU VILLA JTH WEST 47TH STREET 33155 US	CHATEAUBLEAU VILLA 7700 NORTH KENDALL DRIVE SUITE PH-2 MIAMI, FL 33156 US
The above r in the State		ose of changing its registered office or registered agent, or both,
SIGNATUR		09/06/2006
	Electronic Signature of Registered Agent	Date
<b>OFFICERS</b>		
	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	AND DIRECTORS:  TD (X) Delete LOPEZ, LUIS 3920 SW 107TH AVENUE MIAMI, FL 33165	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
Name: Address:	TD (X) Delete LOPEZ, LUIS 3920 SW 107TH AVENUE	Title: ( ) Change ( ) Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	TD (X) Delete LOPEZ, LUIS 3920 SW 107TH AVENUE MIAMI, FL 33165  D ( ) Delete MARQUEZ, LUIS 9020 SW 10TH TERRACE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: TD (X) Change ( ) Addition Name: MARQUEZ, LUIS Address: 9020 SW 10TH TERRACE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA GARCIA PD 09/06/2006