


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90155 045 \*\*\*\*61.25

<b>DOCUMENT # 723514</b> 1. Entity Name <b>CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O ASSET REAL ESTATE          4004 EDGEWATER DRIVE          ORLANDO, FL 32804 US</b>		Mailing Address <b>C/O ASSET REAL ESTATE          4004 EDGEWATER DRIVE          ORLANDO, FL 32804 US</b>	
2. Principal Place of Business - No P.O. Box # <b>C/O HARA Management, Inc.</b> Suite, Apt. #, etc. <b>118 N. Wymore Rd</b> City & State <b>Winter Park FL</b> Zip Country <b>32789 ORANGE</b>		3. Mailing Address <b>C/O HARA Management, Inc.</b> Suite, Apt. #, etc. <b>118 N. Wymore Rd</b> City & State <b>Winter Park, FL</b> Zip Country <b>32789 ORANGE</b>	
4. FEI Number <b>59-1515897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEON &amp; MALCHOW, P.A.          646 EAST COLONIAL DRIVE          ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD ROSS, MARTHA P.O. BOX 460 WINTER PARK, FL 32790	<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD SPOTZ, KIRSTEN 150 GAY RD., 44D WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VPD HOOVER, PIERCE 460 N ORLANDO AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D VARNEY, OKLEY 1500 GAY ROAD, 21C WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD KRISTON, DENNIS 1500 GAY ROAD 8A WINTER PARK, FL 32789	<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** X Martha G. Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Martha G. Ross, President**

X March 13, 2007

Date Daytime Phone #