



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 755351 1. Entity Name CHATEAU LE BEAU CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6725-6731 WINKLER RD FT MYERS, FL 33919 US	Mailing Address 6725 WINKLER RD. B202 FT. MYERS, FL 33919 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1737244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SENSABAUGH, ELYSE D 6725-B202 WINKLER RD FORT MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000888577 04/22/08-80017-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURTO, JOSEPH 6725 WINKLER RD., C102 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILLS, JOSEPH 6731 WINKLER RD, A-105 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKEN, HERBERT J 6725 WINKLER RD., C201 FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SENSABAUGH, ELYSE D 6725 WINKLER RD., B202 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, EILEEN 6725 WINKLER RD B106 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **04-08-2008 239-432-3952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ELYSE D SENSABAUGH