

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721551

Entity Name: CHATEAU-BY-THE-SEA, INC.**Current Principal Place of Business:**3663 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**3663 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**FEI Number:** 59-1410730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRICKEL, KENT
4715 HALL ROAD
ORLANDO, FL 32817 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V. PRESIDENT
Name GEMSCH, MARKUS
Address 1281 SEYBOLD TERRACE
City-State-Zip: DELTONA FL 32725

Title DIRECTOR
Name TESCHE, IRMA
Address 3663 S ATLANTIC AVE UNIT 21D
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title P/T
Name CRAWFORD, ANTONIA
Address 989 PONTE VEDRA BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name MULLER, JUDY
Address 201 CHELTON CIRCLE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name COURVILLE, LYNN
Address 270 AUSTIN ST.
City-State-Zip: CHATEAUQUAY QUEBEC

Title DIRECTOR
Name LAYTON, SUSAN
Address P.O. BOX 551085
City-State-Zip: JACKSONVILLE FL 32255

Title DIRECTOR
Name DANCE HARRIS, BECKY
Address 8739 HASELTON RD
City-State-Zip: NASHVILLE TN 37221

I hereby 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 all other like empowered.

SIGNATURE: ANTONIA (TONI) CRAWFORD**PRESIDENT****04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date