

2020 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	DIRECTOR
Name	TIMMERMAN, CHARLENE
Address	36213 CLEAR LAKE DR
City-State-Zip:	EUSTIS FL 32736

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

Title	DIRECTOR
Name	LEMAN, WAYNE
Address	3663 S ATLANTIC AVE 20B
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	ROBISH, JERRY
Address	1581 SILVER LAKE RD
City-State-Zip:	EAGLE RIVER WI 54521

Title	PRESIDENT
Name	LAYTON, SUSAN
Address	3663 S ATLANTIC AVE 21B
City-State-Zip:	NEW SMYRNA BEACH FL 32169

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

Title	DIRECTOR
Name	VIDIMOSKO, STEPHEN
Address	38 BALLARO DR
City-State-Zip:	SHELDON CT 06484

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 CRAWFORD**SECRETARY****03/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date