

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 725028

**Entity Name:** LE CHATEAU ROYAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3540 S OCEAN BLVD.  
SOUTH PALM BEACH, FL 33480

**Current Mailing Address:**

3540 S OCEAN BLVD.  
SOUTH PALM BEACH, FL 33480

**FEI Number:** 59-1502174

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK AND STOLOFF, P.A.  
1818 AUSTRALIAN AVEUNE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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:** ED DICKER

09/15/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, PRESIDENT  
Name           BACKIEL, JOHN  
Address        3540 S. OCEAN BLVD, #607  
City-State-Zip: PALM BEACH FL 33480

Title           SECRETARY  
Name           PASSINOS, TIM  
Address        3540 SOUTH OCEAN BLVD, #707  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title           DIRECTOR  
Name           WALKER, CHRIS  
Address        3540 SOUTH OCEAN BLVD  
                  APT 816  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title           DIRECTOR  
Name           FEENEY, TIM  
Address        3540 SOUTH OCEAN BLVD  
                  APT 500  
City-State-Zip: S. PALM BEACH FL 33480

Title           VP  
Name           SPENCER, MICHAEL  
Address        3540 S. OCEAN BLVD  
                  APT 605  
City-State-Zip: S. PALM BEACH FL 33480

Title           DIRECTOR  
Name           CROCKER, JAMES JR.  
Address        3540 SOUTH OCEAN BLVD  
                  APT. 603  
City-State-Zip: S. PALM BEACH FL 33480

*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:** TIM PASSINOS

SECRETARY

09/15/2014

Electronic Signature of Signing Officer/Director Detail

Date