

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

DOCUMENT# N29344

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC4678051072**

**Entity Name:** CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7700 NORTH KENDALL DRIVE  
SUITE 501  
MIAMI, FL 33156

**Current Mailing Address:**

7700 NORTH KENDALL DRIVE  
SUITE 501  
MIAMI, FL 33156 US

**FEI Number: 65-0082240**

**Certificate of Status Desired: No**

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

CADICORP MANAGEMENT GROUP  
7700 NORTH KENDALL DRIVE  
SUITE 501  
MIAMI, FL 33156 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 PD  
Name VALERO, MARCO AURELIO  
Address 10395 SOUTH WEST 154TH CIR COURT  
City-State-Zip: MIAMI FL 33196

Title D  
Name PEREZ, LINO  
Address 10305 S.W. 154 CIR. CT.  
City-State-Zip: MIAMI FL 33196

Title D  
Name CEPERO, CECILIA  
Address 10310 SW 154TH COURT  
City-State-Zip: MIAMI FL 33196

*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: LINO PEREZ**

**D**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date