2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 714109

Entity Name: CHATEAU CHAUMONT OF IBIS ISLE ASSOCIATION, INC.

Current Principal Place of Business:

C.A.M.S.
314 N.E. 3RD ST
BOYNTON BEACH, FL 334353892 US

New Principal Place of Business:

Current Mailing Address:

C.A.M.S.
314 N.E. 3RD ST
BOYNTON BEACH, FL 334353892 US

New Mailing Address:

FEI Number: 59-1286934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSE, CONSTANCE
2180 IBIS WAY #4
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KLEIN, RICHARD
Address: 2180 IBIS ISLE ROAD #12
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete
Name: SCHAFFER, PETER
Address: 2180 IBIS ISLE ROAD #3
City-St-Zip: PALM BEACH, FL 33480

Title: 1VPD ( ) Delete
Name: WOLTZ, ALAN
Address: 2180 IBIS ISLE ROAD #16
City-St-Zip: PALM BEACH, FL 33480

Title: T ( ) Delete
Name: DALY, JOSEPH
Address: 180 IBIS ISLE ROAD #1
City-St-Zip: PALM BEACH, FL 33480

Title: 2VPD ( ) Delete
Name: CROWLEY, KIT
Address: 2180 IBIS ISLE ROAD #6
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE BKPR 03/31/2009

Electronic Signature of Signing Officer or Director — Date