

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 008 ****61.25

DOCUMENT # 715540

1. Entity Name
CHATEAU CHANTILLY IBIS ISLES ASSOCIATION, INC.



Principal Place of Business
**2185 IBIS ISLES ROAD
PALM BCH., FL 33480**

Mailing Address
**2216 IBIS ISLE RD.
PALM BCH., FL 33480**

40053369



03132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1286933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTILA, HENRY
2216 IBIS ISLE ROAD
PALM BEACH, FL 33480**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Henry Mattila, Manager, CAM, March 13, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN, SUSAN B
STREET ADDRESS 2185 IBIS ISLE RD #4
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VSD
NAME BRENNAN, SUZANNE
STREET ADDRESS 2185 IBIS ISLE ROAD #7
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE TD
NAME BAEZA, JUAN CARLOS
STREET ADDRESS 2185 IBIS ISLE ROAD #1
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 (561) 307-4589

Date

Daytime Phone #

Juan Carlos Baeza