

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715805

FILED
Apr 16, 2009
Secretary of State

Entity Name: LES CHATEAUX DES ROIS, INC., NO. I,

Current Principal Place of Business:

1153 RUE DES ROIS
1-B
SOUTH PASADENA, FL 33707 US

New Principal Place of Business:

7011 2-B PLACE DE LA PAIX
SOUTH PASADENA, FL 33707 US

Current Mailing Address:

1153 RUE DES ROIS
1-B
SOUTH PASADENA, FL 33707 US

New Mailing Address:

FEI Number: 59-2012120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM
6519 CENTRAL AVE
ST PETERSBURG, FL 33710 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: PD () Delete
Name: KIBORT, RELLA L
Address: 1153 RUE DES ROIS #1B
City-St-Zip: SOUTH PASADENA, FL 33707

Title: VD () Delete
Name: WILDE, HOWARD
Address: 7001 2-A PLACE DE LA PAIX
City-St-Zip: SOUTH PASADENA, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IBRAHHIMOVIC, HASAN PD
Address: 7001 1-B PLACE DE LA PAIX
City-St-Zip: SOUTH PASADENA, FL 33707

Title: VPD (X) Change () Addition
Name: O'DWYER, TIM
Address: 7001 1-A SUNSET DR S
City-St-Zip: SOUTH PASADENA, FL 33707

Title: TD () Change (X) Addition
Name: FORD, LINDA
Address: 1150 RUE DES REINES
City-St-Zip: SOUTH PASADENA, FL 33707

Title: SD () Change (X) Addition
Name: PEZOS, MANTINA
Address: 1150 1-A RUE DES REINES
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D () Change (X) Addition
Name: NELSON, BRYAN
Address: 1150 RUE DES REINES
City-St-Zip: SOUTH PASADENA, FL 33707

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: HASAN IBRAHHIMOVIC

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04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date