2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721551

Entity Name: CHATEAU-BY-THE-SEA, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	「LANTIC AVEI TRNA BEACH,			
Current Mailing Address:			New Mailing Address:	
	TLANTIC AVEI RNA BEACH,			
FEI Number: 59-1410730 FEI Number Applied For ()		FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
TRICKEL, 4715 HALL ORLANDO		US		
	named entity: e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,
SIGNATUF				
	Electror	nic Signature of Registered Age	ent	Date
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () GEMSCH, MAR 1281 SEYBOLI DELTONA, FL	D TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	TESCHE, IRMA 3663 S ATLAN	Delete TIC AVE UNIT 21D BEACH, FL 32169	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	CRAWFORD, 1 989 PONTE VE		Title: Name: Address: City-St-Zip:	P/T (X) Change () Addition CRAWFORD, TONI 989 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082
Title: Name: Address: City-St-Zip:	SHAVER, SHAF 3663 S. ATLAN	Delete RON TIC AVE UNIT 33 B BEACH, FL 32169	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHAVER, SHARON 3663 S. ATLANTIC AVE UNIT 33 B NEW SMYRNA BEACH, FL 32169
Title: Name: Address: City-St-Zip:	V (MULLER, JUD 201 CHELTON WINTER PARK	CIRCLE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MULLER, JUDY 201 CHELTON CIRCLE WINTER PARK, FL 32789
Title: Name: Address: City-St-Zip:	VP () STORY, AMY 1771 KILLARN WINTER PARK		Title: Name: Address: City-St-Zip:	()Change ()Addition

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: BRENDA (MICHELLE) PENLAND MGR 04/15/2009