# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 31, 2004**
**Secretary of State**

DOCUMENT# 725504

**Entity Name:** CHATEAU BISCAYNE INC

**Current Principal Place of Business:**

7795 N.E. BAYSHORE CT.
SUITE 203
MIAMI, FL 331386310 US

**New Principal Place of Business:**

**Current Mailing Address:**

305 YORKLEIGH LN
JAMESTOWN, NC 27282 US

**New Mailing Address:**

**FEI Number: 59-1687992** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PARRISH, SHARON
7795 N E BAYSHORE CT
SUITE 203
MIAMI, FL 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: | STD | ( ) Delete |
| Name: | PARRISH, SHARON | |
| Address: | 305 YORKLEIGH LN | |
| City-St-Zip: | JAMESTOWN, NC | |
| Title: | VD | ( ) Delete |
| Name: | EVERTS, MARTHA | |
| Address: | 6498 STONY CREEK ROAD | |
| City-St-Zip: | YPSILANTI, MI 48197 | |
| Title: | P | ( ) Delete |
| Name: | CARLSEN, BEN DR. | |
| Address: | 7795 NE BAYSHORE CT, #503 | |
| City-St-Zip: | MIAMI, FL 33138 | |
| Title: | D | ( ) Delete |
| Name: | CALELLA, SAL | |
| Address: | 7795 NE BAYSHORE CT #301 | |
| City-St-Zip: | MIAMI, FL | |
| Title: | D | ( ) Delete |
| Name: | BROYARD, MIKE | |
| Address: | 7795 NE BAYSHORE CT, #402 | |
| City-St-Zip: | MIAMI, FL 33138 | |
| Title: | D | (X) Delete |
| Name: | WALLACE, JACK | |
| Address: | 7795 NE BAYSHORE CT 303 | |
| City-St-Zip: | MIAMI, FL 33138 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VD | (X) Change ( ) Addition |
| Name: | BROYARD, MIKE | |
| Address: | 7795 NE BAYSHORE CT #402 | |
| City-St-Zip: | MIAMI, FL 33138 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | WALLACE, JACK | |
| Address: | 7795 NE BAYSHORE CT, #303 | |
| City-St-Zip: | MIAMI, FL 33138 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON PARRISH STD 08/31/2004

Electronic Signature of Signing Officer or Director — Date