

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725504

FILED  
Jul 17, 2005  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

PARRISH, SHARON  
7795 N E BAYSHORE CT  
SUITE 203  
MIAMI, FL US

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: BROYARD, MIKE  
Address: 7795 NE BAYSHORE CT #402  
City-St-Zip: MIAMI, FL 33138

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: 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: ( ) 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 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

07/17/2005

Electronic Signature of Signing Officer or Director

Date