

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725504

FILED
May 05, 2009
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 33138 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: 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: VP () Delete
Name: WALLACE, JACK
Address: 7795 NE BAYSHORE CT, #303
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: VILLAMIL, LIBIA
Address: 7795 NE BAYSHORE CT, # 501
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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON PARRISH

STD

05/05/2009

Electronic Signature of Signing Officer or Director

Date