

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729975

FILED
Mar 16, 2009
Secretary of State

Entity Name: CHATEAU SUZANNE, INC.

Current Principal Place of Business:

3030 BINNACLE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3030 BINNACLE DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1641909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAPASSO, JILL
3030 BINNACLE DRIVE
NAPLES, FL 34103 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: P () Delete
Name: VIVIANO, LUCREZIA
Address: 327 ELK RD
City-St-Zip: MONROEVILLE, NJ 08343

Title: S () Delete
Name: CAMBRUZZI, IDA MAE
Address: 3030 BINNACLE DR
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: SOKOL, GENE
Address: 3030 BIANNACLE DR 302
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: GIRARD, DAVID
Address: POB 327
City-St-Zip: WESTMINSTER, MA 01473

Title: V () Delete
Name: VIVIANO, GIROLAMO
Address: 327 ELK RD
City-St-Zip: MONROEVILLE, NJ 08343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STIRLING, CHRISTOPHER
Address: 3030 BINNACLE DR. #309
City-St-Zip: NAPLES, FL 34103

Title: S (X) Change () Addition
Name: CAMBRUZZI, IDA MAE
Address: 3030 BINNACLE DR #303
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change () Addition
Name: MAKUNAS, MICHAEL
Address: 3030 BIANNACLE DR #104
City-St-Zip: NAPLES, FL 34103

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: MICHAEL MAKUNAS

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date