## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #730126**

1. Entity Name

CHATEAU BY THE SEA ASSOCIATION, INC.



**FILED** 

Mar 29, 2007 8:00 am Secretary of State

03-29-2007 90018 025 \*\*\*\*61.25

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SIGNATURE:

5300 OCEAN BEACH BOULEVARD COCOA BEACH, FL 32931 US		Mailing Address 5300 Ocean Beach Boulevard Cocoa Beach, FL 32931 US		1 188111 (5118 11111	ORIE: ((518 (1618 B1)) B(6)) 1	11812 B(G)) G(G)) B(B)2 B(G)	1 <b>61 S</b> I 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007 C	hg-NP CF	R2E037 (12/06)	
City & State		City & State		4. FEI Number 59-172783	30	— — — ·	plied For
Zip	Country	Zip	Country	5. Certificate of S	· <u> </u>	to 75	
	6. Name and Addréss of Current I	Registered Agent	<u> </u>	7. Name and Add	dress of New Regist	· · · · · · · · · · · · · · · · · · ·	<u>'</u>
	TEY LANTIC AVE STE 701 EACH, FL 32931		Name Street A	ddress (P.O. Box Number is	Not Acceptable)		
			City			FL Zip Code	)
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.			registered agent, or both, in	,	I am familiar with,	and accept
		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	Filing Fee Is \$61.25 Due by May 1, 2007		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	1	check payable to Department of St	
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS AN	ND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITZ, FRAN 5600 OCEAN BEACH BLVD #300 COCOA BEACH, FL 32931	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D Brown, Hill 5300 Ocean Cocon Bo	Reach Blu	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLIVAN, TERESA 635 MARKWOOD DR OXFORD, MI 48370	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tague, Rob 5300 GCC		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLOUTH, MALCOM 5300 OCEAN BEACH BLVD #400 COCOA BEACH, FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frys, bary	Brack Ble	∐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBBINS, J 1305 S ATLANTIC AVE COCOA BEACH, FL 32931	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGGVEN, MARK 105 NORWALK RD SPRINGFIELD, IL 62704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zwngsven. a	nark	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AGUE