


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 013 ****61.25

DOCUMENT # 733721	
1. Entity Name CHATEAU TOWNHOUSE ASSOCIATION, INC.	

Principal Place of Business 216 ANGLER AVE FT WALTON BEACH, FL 32548 US	Mailing Address 216 ANGLER AVE FT WALTON BEACH, FL 32548 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2145792	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWETZER, DOROTHY 216 ANGLER AVE, UNIT 18 FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name LYNNE MATTHEWS Street Address (P.O. Box Number is Not Acceptable) 216 ANGLER AVE UNIT 18 City FORT WALTON BEACH FL Zip Code 32548	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE LYNNE MATTHEWS, VICE PRESIDENT Signature, typed or printed name of registered agent and title if applicable.	DATE 4/26/06 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWETZER, DOROTHY <input checked="" type="checkbox"/> Delete 216 ANGLER AVE UNIT 18 FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT JOHN WOLFE 216 ANGLER AVE UNIT 3 FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUN, MARIANNE <input type="checkbox"/> Delete 216 ANGLER AVE UNIT #11 FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKSDALE, KAROL <input checked="" type="checkbox"/> Delete 216 ANGLER AVE UNIT #18 FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM ROBERT CONOWAL 216 ANGLER AVE UNIT 4 FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TINSLEY, LINDA <input type="checkbox"/> Delete 216 ANGLER AVE UNIT 7 FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEWS, LYNNE <input type="checkbox"/> Delete 216 ANGLER AVE UNIT 18 FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.	
SIGNATURE: LYNNE MATTHEWS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-26-02 Daytime Phone # 850-244-3374