


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 032 ****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 124 WATSON DRIVE FT WALTON BEACH, FL 32548 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o C Brannon</i> <i>905 Lauderdale Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>ft. Walton Bch, FL</i>		4. FEI Number 59-2145792	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32547</i>		Country <i>Oralooaa</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHEWS, LYNNE 216 ANGLER AVE UNIT 18 FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STADTHER, MICHAEL 216 ANGLER AVE UNIT 5 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete			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 216 ANGLER AVE UNIT #19 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONOWAL, ROBERT 216 ANGLER AVE UNIT 4 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACK, MELISSA 216 ANGLER AVE UNIT 13 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete			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 216 ANGLER AVE UNIT 18 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete			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: <i>Lynn Mathews</i> <i>Lynn Mathews</i> <i>3/14/08 850-862-5907</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					