

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733721

FILED
Apr 22, 2009
Secretary of State

Entity Name: CHATEAU TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

216 ANGLER AVE
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

905 LAUDERHILL LANE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

216 ANGLER AVE
FT WALTON BEACH, FL 32548 US

FEI Number: 59-2145792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEWS, LYNNE
216 ANGLER AVE UNIT 18
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MULLOY, MICHAEL J
216 ANGLER AVE UNIT 26
FORT WALTON BEACH, FL 32548 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: MICHAEL J. MULLOY

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STADTHER, MICHAEL
Address: 216 ANGLER AVE UNIT5
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: BARKSDALE, KAROL
Address: 216 ANGLER AVE UNIT #19
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: CONOWAL, ROBERT
Address: 216 ANGLER AVE UNIT 4
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S (X) Delete
Name: MACK, MELISSA
Address: 216 ANGLER AVE UNIT 13
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: V (X) Delete
Name: MATTHEWS, LYNNE
Address: 216 ANGLER AVE UNIT 18
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MATTHEW, LYNNE
Address: 216 ANGLER AVE UNIT 18
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TRES (X) Change () Addition
Name: MULLOY, MICHAEL J
Address: 216 ANGLER AVE UNIT #26
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SECR (X) Change () Addition
Name: MARTIN, ARLENE
Address: 216 ANGLER AVE UNIT 9
City-St-Zip: FORT WALTON BEACH, FL 32548

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 J. MULLOY

TRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date