2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 735450 1. Entity Name					Mar 01, 2004 08:00 A Secretary of State			
CHATEAU 2 CONDOMINIUM ASSOCIATION, INC.						Secretary	oi Sta	ite
Principal Plac	e of Business	Mailing Address						
515 N.E. 13TH STREET FT. LAUDERDALE FL 33304		P.O. BOX 7415 FORT LAUDERDALE FL 33338						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)				
City & State		City & State		4. FEI Number	O-T APPLICABLE		oplied For of Applicable	
Zip Country		Zip Cou		ntry	5. Certificate of St		8.75 Add	ditional
6. Name and Address of Current		<u> </u>			7. Name and Address of New Registered Agent			
COC	ODER CALDWELL C			Name			ä	-
COOPER, CALDWELL C 515 N.E. 13TH STREET FORT LAUDERDALE FL 33304				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL.	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or register	ed agent, or both, in		u amiliar with,	and accept
the obligat	tions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent	and title it applicable. INOTE	Panistered	i Agent signature required	when reinstation)	DATE		
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	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Can Trust Fund C	npaign Fi	inancing	\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.	Due By May 1, 2004 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Fi Contribution	inancing on.	\$5.00 May Be Added to Fees	Make Check	ment of S	State
	Due By May 1, 2004 OFFICERS AND DI PD COOPER, CALDWELL C	9. Election Can Trust Fund C	npaign Fi Contribution	inancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make Check Florida Depart ES TO OFFICERS AND DIF	ECTORS IN	State i 10 Addition
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referely that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that it is included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 954-462-4234

Date Dayline Prone #

--FILED