

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 735450

1. Entity Name
CHATEAU 2 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**515 N.E. 13TH STREET
FT. LAUDERDALE, FL 33304**

Mailing Address
**P.O. BOX 7415
FORT LAUDERDALE, FL 33338**



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, CALDWELL C
515 N.E. 13TH STREET
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COOPER, CALDWELL C
STREET ADDRESS 515 N.E. 13TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE SD
NAME CHENNAULT, WILLIAM
STREET ADDRESS 629 N.E. 2ND AVENUE, UNIT 2
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE TD
NAME CASTILLO, TINA
STREET ADDRESS 1478 N.E. 56 STRETE
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/22/05-80009-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-05 954-462-4234