2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 735450

1. Entity Name
CHATEAU 2 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
515 N.E. 13TH STREET FT. LAUDERDALE, FL 33304	P.O. BOX 7415 FORT LAUDERDALE, FL 33338

01192006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000433627
02/24/06-80025-016 61.25

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	D
NAME	COOPER, E. GERALD
STREET ADDRESS	515 N.E. 13TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	PRIESTMAN, BRADLEY T.
STREET ADDRESS	515 N.E. 13TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2-10-06 954-462-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #