


FILED  
May 09, 2006 8:00 am  
Secretary of State

05-09-2006 90071 001 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 735819</b>			
1. Entity Name <b>CONDOMINIUM ASSOCIATION FOR CHATEAU VILLAGE CONDOMINIUM, INC.</b>			
Principal Place of Business 2198 PRINCETON ST., #20 SARASOTA, FL 34237		Mailing Address 2198 PRINCETON ST., #20 SARASOTA, FL 34237	
2. Principal Place of Business 4920 Fruitville Road Suite, Apt. #, etc.		3. Mailing Address 4920 Fruitville Road Suite, Apt. #, etc.	
City & State Sarasota, Fl		City & State Sarasota, Fl	
Zip 34232	Country Sarasota	Zip 34232	Country Sarasota
4. FEI Number 59-2360274		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WEIL, WARREN C/O MA-CON INC. 2198 PRINCETON ST., #20 SARASOTA, FL 34237		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 4920 Fruitville Road City Sarasota FL Zip Code 34232	
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 <u>WARREN WEIL</u> <u>WARREN WEIL</u> <u>4/24/06</u> 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARDEN, AMANI 9314 HERITAGE OAK TAMPA, FL 33647 <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	SD SLOAN, FRANCES 722 BLVD OF PRESIDENTS SARASOTA, FL 34236 <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	TD KNOBEL, CATHRINE 3903 ROYAL PALM DR BRADENTON, FL 34210 <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
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
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: <u>Francis Sloan</u> <u>Francis Sloan</u>		4/25/06 (941) 343-1002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	