

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736697

(4)

1. Corporation Name

THE CHATEAUX CLUB, INC.



Principal Place of Business

% SUNRAE MANAGEMENT
P.O. BOX 492037
FT. LAUDERDALE FL 33349-9037

Mailing Address

% SUNRAE MANAGEMENT
P.O. BOX 492037
FT. LAUDERDALE FL 33349-9037

3. Date Incorporated or Qualified
08/26/1976

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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28

Zip Country

Zip Country

24

25

29

30

4. FEI Number

59-2201969

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEIGFRIED, KIPNIS, LERNER & MOCARSKI
201 ALHAMBRA CR STE 201
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ DELETE
NAME **MARGOLIS, RICHARD**
STREET ADDRESS **20031 W OAK HAVEN CR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **WEISSER, MICHAEL**
STREET ADDRESS **1957 S. OAK HAVEN CIRCLE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE
NAME **ROBINSON, PAUL**
STREET ADDRESS **20245 W. OAK HAVEN CIRCLE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VPT** ☐ DELETE
NAME **MENDELSON, FRED**
STREET ADDRESS **20265 W OAK HAVEN CIRCLE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **SCHECK, JEFFREY**
STREET ADDRESS **1956 N. OAKHAVEN CIRCLE**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☒ DELETE
NAME **SERGIO, ROK**
STREET ADDRESS **1916 N. OAKHAVEN CIRCLE**
CITY-ST-ZIP **NORTH MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/SIT** ☐ Change ☒ Addition
1.2 NAME **Butter, Steven**
1.3 STREET ADDRESS **2875 NE 191st Street**
1.4 CITY-ST-ZIP **Aventura, FL 33180**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Lockskin, Donald**
2.3 STREET ADDRESS **20231 W. Oak Haven Circle**
2.4 CITY-ST-ZIP **N. Miami, FL 33179**

3.1 TITLE **P/D** ☐ Change ☐ Addition
3.2 NAME **Margolis, Richard**
3.3 STREET ADDRESS **20031 W. Oak Haven CR**
3.4 CITY-ST-ZIP **Miami, FL**

4.1 TITLE **VPT** ☒ Change ☐ Addition
4.2 NAME **MENDELSON, Fred**
4.3 STREET ADDRESS **20265 W. Oak Haven Circle**
4.4 CITY-ST-ZIP **Miami, FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment without address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-96

931-2246

CR2E037 (12/95)