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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
% SUNRAE MANAGEMENT P.O. BOX 492037 FT. LAUDERDALE FL 33349-9037	% SUNRAE MANAGEMENT P.O. BOX 492037 FT. LAUDERDALE FL 33349-2037

3. Date Incorporated or Qualified: 08/26/1976
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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**

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

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MARGOLIS, RICHARD		1.2 NAME	GREEN, BARRY	
STREET ADDRESS	20031 W OAK HAVEN CR		1.3 STREET ADDRESS	1841 W. OAK HAVEN CIR.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	N. MIAMI, FL 33179	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WEISSER, MICHAEL		2.2 NAME	STEIN, CAROLYN	
STREET ADDRESS	1957 S. OAK HAVEN CIRCLE		2.3 STREET ADDRESS	1901 S. OAK HAVEN CIR	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	N. MIAMI, FL 33179	
TITLE	VP	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBINSON, PAUL		3.2 NAME	UNGER, DIANE	
STREET ADDRESS	20245 W. OAK HAVEN CIRCLE		3.3 STREET ADDRESS	2021 S. W. OAKHaven CiR.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	N. MIAMI, FL 33179	
TITLE	VPT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MENDELSON, FRED		4.2 NAME		
STREET ADDRESS	20265 W OAK HAVEN CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHECK, JEFFREY		5.2 NAME		
STREET ADDRESS	1956 N. OAKHAVEN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUTTER, STEVEN		6.2 NAME		
STREET ADDRESS	2875 NE 191ST STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 with an address.

SIGNATURE: [signature] RICHARD MARGOLIS 3-26-97 305-931-2246
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone # 0037790