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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33349-9037

3. Date Incorporated or Qualified: 08/26/1976

4. FEI Number: 59-2201969 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 A 83 84 City	KAREN BUSCH SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7 • STE. 408A LAUDERDALE LAKES, FL 33319

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] DATE: 3/26/98
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WEISSER, MICHAEL		2.2 NAME		
STREET ADDRESS	1957 S. OAK HAVEN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROBINSON, PAUL		3.2 NAME		
STREET ADDRESS	20245 W. OAK HAVEN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GREEN, BARRY		4.2 NAME		
STREET ADDRESS	1841 W OAKHAVEN CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	PAUL Besser (DIRECTOR)	☐ Change ☒ Addition
NAME	STEIN, CAROLYN		5.2 NAME		
STREET ADDRESS	1901 S OAKHAVEN CIR		5.3 STREET ADDRESS	1917 S. OAKHAVEN Circle	
CITY-ST-ZIP	NORTH MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	☒ DELETE	6.1 TITLE	FRED Mendelson (Director)	☐ Change ☒ Addition
NAME	UNGER, DIANE		6.2 NAME		
STREET ADDRESS	20215 W OAKHAVEN CIR		6.3 STREET ADDRESS	20265 W. OAK HAVEN Circle	
CITY-ST-ZIP	N MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL	

CR2E037 (10/97)

14. 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 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] PAUL ROBINSON, President 1/12/98 305 9495880