2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90134 012 ****61.25

DOCUMENT # 736697

1. Entity Name
THE CHATEAUX CLUB, INC.

20017439

Principal Place of Business	Mailing Address
7071 W. COMMERCIAL BLVD STE 28 TAMARAC, FL 33319	7071 W. COMMERCIAL BLVD STE 28 TAMARAC, FL 33319

02272006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD. SUITE 28 TAMARAC, FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUDSON, SAMANTHA 20271 W OAK HAVEN CIRCLE N. MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMANTHA HUDSON 20271 W. OAK HAVEN CIRCLE N. MIAMI, FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAHN, HOWARD 20209 W OAK HAVEN CIRCLE N. MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDY LABATON 20001 W. OAK HAVEN CIRCLE N. MIAMI, FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLITANO, JOHNATHAN 20215 W OAK HAVEN CIRCLE N. MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARVEY SCHWARTZ 1938 N OAK HAVEN CIRCLE N. MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LABATON, SANDY 20001 W OAK HAVEN CIR NORTH MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RANDY Freedline 1948 N OAK HAVEN Cr MIAMI FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEINSTEIN, STEVEN W 1930 N. OAK HAVEN CIR. MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACKS, STUART 1965 S. OAK HAVEN CIRCLE N. MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Samantha Hudson President 3-8-06 954 733-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #