2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2007
Secretary of State

DOCUMENT# 743473

Entity Name: CHATEAUX, A CONDOMINIUM, INC.

Current Principal Place of Business:

19440 GULF BLVD.
INDIAN ROCKS, FL 34635 US

New Principal Place of Business:

Current Mailing Address:

8141 54TH AVE N
SAINT PETERSBURG, FL 33709

New Mailing Address:

PO BOX 618
BAY PINES, FL 33744

FEI Number: 59-1890629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIBERTE MANAGEMENT
10645 1ST ST., E
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

CERCEK, LISA
19455 GULF BLVD
8A
INDIAN SHORES, FL 33785 US

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.

SIGNATURE: LISA CERCEK 03/04/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AUSTIN, RICHARD
Address: 13943 DANIELLE COURT
City-St-Zip: SEMINOLE, FL

Title: VPD ( ) Delete
Name: SABATELLI, CAROLYN
Address: 220 CANTERBURY DR
City-St-Zip: WALLINGFORD, PA 19086

Title: D ( ) Delete
Name: WIMMER, WARREN
Address: 13520 ST. MARY CIRCLE
City-St-Zip: ORLAND PARK, IL 60462

Title: TD ( ) Delete
Name: JACOBSEN, SCOTT
Address: 3118 W. TAMPA AVE.
City-St-Zip: TAMPA, FL 33611

Title: SD ( ) Delete
Name: MCNICHOLS, BRIAN
Address: 19833 BETHPAGE CT
City-St-Zip: ASHBURN, VA 20147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD AUSTIN PD 03/04/2007
Electronic Signature of Signing Officer or Director Date