

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743473

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: CHATEAUX, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

19440 GULF BLVD.  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 618  
BAY PINES, FL 33744

**New Mailing Address:**

FEI Number: 59-1890629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

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: KENNEDY, JOHN  
Address: 19440 GULF BLVD #104  
City-St-Zip: INDIAN SHORES, FL 33785

**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: SD (X) Change ( ) Addition  
Name: KOLETIC, PAM  
Address: 19440 GULF BLVD #409  
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify 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: LISA CERCEK

AGEN

03/23/2009

Electronic Signature of Signing Officer or Director

Date