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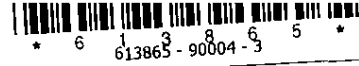


NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **744022**

Corporation Name
CHATEAUBLEAU VILLAS ASSOCIATION, INC.



Principal Place of Business
22 SOUTHWEST 107 AVENUE
AMI FL 33165

Mailing Address
7154-B SOUTH WEST 47 ST
MIAMI FL 33155
US

Principal Place of Business same	2a. Mailing Address same	3. Date Incorporated or Qualified 08/23/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2116697
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GROUP CADICORP, INC 7154-B SOUTH WEST 47TH STREET MIAMI FL 33155		81 Name	Chateaubleau Villa
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	7154-B South West 47th Street
		84 City	Miami FL 85 33155

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: **Cecilien Boue For Chateaubleau Villas** *Cecilien H Boue* **02-18-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE WE REET ADDRESS Y-ST-ZIP	PD <input type="checkbox"/> DELETE BOUE, CECILIEN 3822 SW 107 AVE. MIAMI, FL 00000	1.1 TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
LE WE REET ADDRESS Y-ST-ZIP	TD <input checked="" type="checkbox"/> DELETE VILLAR, BENITO 3856 S.W. 107TH AVE. MIAMI FL	2.1 TITLE	Marcelo Benitez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE WE REET ADDRESS Y-ST-ZIP	SD <input type="checkbox"/> DELETE MENDVINA, GLADYS 3858 SW 107 AVE. MIAMI, FL 00000	2.2 NAME	3894 South West 107th Ave.
LE WE REET ADDRESS Y-ST-ZIP		2.3 STREET ADDRESS	Miami, Florida 33165
LE WE REET ADDRESS Y-ST-ZIP		2.4 CITY-ST-ZIP	TD
LE WE REET ADDRESS Y-ST-ZIP		3.1 TITLE	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
LE WE REET ADDRESS Y-ST-ZIP		3.2 NAME	
LE WE REET ADDRESS Y-ST-ZIP		3.3 STREET ADDRESS	
LE WE REET ADDRESS Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE WE REET ADDRESS Y-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE WE REET ADDRESS Y-ST-ZIP		4.2 NAME	
LE WE REET ADDRESS Y-ST-ZIP		4.3 STREET ADDRESS	
LE WE REET ADDRESS Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE WE REET ADDRESS Y-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE WE REET ADDRESS Y-ST-ZIP		5.2 NAME	
LE WE REET ADDRESS Y-ST-ZIP		5.3 STREET ADDRESS	
LE WE REET ADDRESS Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE WE REET ADDRESS Y-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE WE REET ADDRESS Y-ST-ZIP		6.2 NAME	
LE WE REET ADDRESS Y-ST-ZIP		6.3 STREET ADDRESS	
LE WE REET ADDRESS Y-ST-ZIP		6.4 CITY-ST-ZIP	

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, as changed or in an attachment with an address, with all other like empowered.

SIGNATURE: **Cecilien Boue** *Cecilien H Boue* **02-18-99 (305) 668-4800**
 SIGNATURE REQUIRED

CR2E037 (1/198)