2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 744022

1. Entity Name
CHATEAUBLEAU VILLAS ASSOCIATION, INC.

FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3822 SOUTHWEST 107 AVENUE MIAMI, FL 33165 US	7700 NORTH KENDALL DRIVE SUITE PH-2 MIAMI, FL 33156 US

09032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2116697

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHATEAUBLEAU VILLA
7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MARQUEZ, LUIS
STREET ADDRESS	9020 SW 10TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD
NAME	GARCIA, ORLANDO
STREET ADDRESS	3860 SW 107TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PD
NAME	GARCIA, SONIA
STREET ADDRESS	3878 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	LANA, JUAN
STREET ADDRESS	3916 SW 107TH AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000359236
09/09/08-80002-023 61.25

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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: Sonia Garcia SONIA GARCIA 9-3-08 305 559-2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #