

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 748156</b> 1. Entity Name <b>CHATEAU CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 4952 VINCENNES STREET CAPE CORAL, FL 33904 US		Mailing Address 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US	
2. Principal Place of Business <b>% American Condo Mgmt</b> Suite, Apt. #, etc. <b>909 SE 47th Terr #105</b> City & State <b>CAPE CORAL, FL</b> Zip <b>33904</b> Country <b>USA</b>		3. Mailing Address <b>American Condo Management, Inc.</b> Suite, Apt. #, etc. <b>P.O. Box 100399</b> City & State <b>CAPE CORAL FL</b> Zip <b>33910</b> Country <b>USA</b>	
4. FEI Number <b>59-1996953</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ERA HERITAGE REALTY INC</b> <b>4226 DEL PRADO BLVD</b> <b>CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>SUSAN KASE</b> Street Address (P.O. Box Number is Not Acceptable) <b>909 SE 47th Terr.</b> Suite # 105 City <b>CAPE CORAL</b> FL Zip Code <b>33904</b>	
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 <u><i>Susan Kase</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Susan Kase</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u><i>4/26/05</i></u>		DATE	
<b>FILE NOW!!! FEE IS \$297.50</b>		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	PD CARLO, DANA D 4952 VINCENNES ST CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Janet Franzese 1818 SW 22nd Terr CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATTESSICH, JOHN 1218 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900054678579 05/17/05--01055--013 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAMPISCIANO, VEE M 1509 SE 36TH ST CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P
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12. 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 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: <u><i>John Matlessich</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>John Matlessich</i></u> <small>Date</small>	
DATE <u><i>4/26/05</i></u>		DATE <u><i>4/26/05</i></u>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/04/04 90127 026 \$61.25  
02/02/04 01047 001 \$175.00



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REINSTATEMENT 04-05