


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90154 027 ****61.25

DOCUMENT # 748156 1. Entity Name CHATEAU CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O AMERICAN CONDO MGMT 909 SE 47TH TERR, #105 CAPE CORAL, FL 33904 US		Mailing Address C/O AMERICAN CONDO MANAGEMENT, INC. P.O. BOX 100399 CAPE CORAL, FL 33910 US	
2. Principal Place of Business Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103		3. Mailing Address Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33914		Country US	
4. FEI Number 59-1996953		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 KASE, SUSAN 909 SE 47TH TERR SUITE #105 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 615 Cape Coral Pkwy W #103 City FL Zip Code 33914	
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> (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	STD FRANZESE, JANET 1818 SW 22ND TERR CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLES Goetz 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	STD Rachel Kilbane 4952 VINCENTNES ST #8 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPISCIANO, VEE M 1509 SE 36TH ST CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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: <u><i>V. Campisciano</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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