

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90103 003 ****61.25

DOCUMENT # 750194

1. Entity Name

THE CHATEAU CONDOMINIUM MOTEL ASSOCIATION, INC.



Principal Place of Business

5444 PARK BLVD.
#101
PINELLAS PARK FL 33781
US

Mailing Address

PO BOX 47068
ST PETERSBURG FL 33743-7068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WELTON, RONALD D
5444 PARK BLVD.
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
NAME EDWARDS, MARILYN
STREET ADDRESS 2700 GULF BLVD #3
CITY-ST-ZIP BELLEAIR BEACH FL 33786 ☐ Delete

TITLE T
NAME YUEN, DON
STREET ADDRESS 2700 GULF BLVD. #2W
CITY-ST-ZIP BELLEAIR BEACH FL 33786 ☐ Delete

TITLE PD
NAME EDWARDS, DONALD R
STREET ADDRESS 2700 GULF BLVD., #8W
CITY-ST-ZIP BELLEAIR BEACH FL ☐ Delete

TITLE S
NAME HITE, DENNIS
STREET ADDRESS 2700 GULF BLVD. #7W
CITY-ST-ZIP BELLEAIR BEACH FL 33786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Kaplan, Robin
STREET ADDRESS 2700 Gulf Blvd #1W
CITY-ST-ZIP Belleair Beach FL 33786 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Donnell R Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

Daytime Phone #