

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 028 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2011500	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WELTON, RONALD D 5444 PARK BLVD. PINELLAS PARK, FL 33781				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) LIA E</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 '00		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, MARILYN		NAME	P Robin Hite	
STREET ADDRESS	2700 GULF BLVD #3		STREET ADDRESS	2700 Gulf Blvd #1	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP	Belleair Beach, FL 33786	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, DONALD R		NAME	D	
STREET ADDRESS	2700 GULF BLVD., #8W		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HITE, DENNIS		NAME	S/T	
STREET ADDRESS	2700 GULF BLVD. #7W		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, ROBIN		NAME		
STREET ADDRESS	2700 GULF BLVD #1W		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YUEN, JOHNNIE		NAME	VP Sally Recchia	
STREET ADDRESS	2700 CRULF BLVD. #2W		STREET ADDRESS	1654 Windsor Dr.	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENNIS HITE		
			Date MAY 22, 2007 Daytime Phone (727) 517-0921		