2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750194

FILED Apr 25, 2008 Secretary of State

Entity Name: THE CHATEAU CONDOMINIUM MOTEL ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
5444 PARK BLVD. #101 PINELLAS PARK, FL 33781 US				2700 GULF BELLEAIR	FBLVD. BLUFFS, FL 33786	US
Current Mailing Address:				New Mailing Address:		
PO BOX 47068 ST PETERSBURG, FL 337437068 US				%CMG P.O. 60068 ST PETERSBURG, FL 33784 US		
FEI Number	: 59-2011500	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Certif	icate of Status Desired ()
Name and	l Address of C	Current Registered Agent:		Name and	Address of New R	egistered Agent:
WELTON, RONALD D 5444 PARK BLVD. PINELLAS PARK, FL 33781 US				WELTON, RONALD D 5444 PARK BLVD. #101 PINELLAS PARK, FL 33781 US		
	e named entity e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered office o	r registered agent, or both,
SIGNATURE:						04/25/2008
	Electror	nic Signature of Registered Age	ent			Date
OFFICER	S AND DIREC	TORS:		ADDITION	S/CHANGES TO O	FFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	HITE, ROBIN 2700 GULF BL) Delete VD #1 ACH, FL 33786		Title: Name: Address: City-St-Zip:	D (X) Chang HITE, ROBIN 2700 GULF BLVD #1 BELLEAIR BEACH, FL	ge () Addition
Title: Name: Address: City-St-Zip:	D (EDWARDS, DO 2700 GULF BL BELLEAIR BEA	VD., #8W		Title: Name: Address: City-St-Zip:	()Chang	e () Addition
Title: Name: Address: City-St-Zip:	HITE, DENNIS 2700 GULF BL) Delete VD. #7W ACH, FL 33786		Title: Name: Address: City-St-Zip:	()Chang	e () Addition
Title: Name: Address: City-St-Zip:	KAPLAN, ROBI 2700 GULF BL			Title: Name: Address: City-St-Zip:	()Chang	e () Addition
Title: Name: Address: City-St-Zip:	VP ROCCHIA, SAL 1654 WINDSO CLEARWATER	K DR		Title: Name: Address: City-St-Zip:	P (X) Chang ROCCHIA, SALLY 1654 WINDSOK DR CLEARWATER, FL 33	ge () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS HITE ST 04/25/2008