

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755485

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** CHATEAU VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

855 22ND STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

861 22ND STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

C/O JAMES HART  
855 22ND STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

C/O CARL MOSLENER  
867 22ND STREET  
VERO BEACH, FL 32960

**FEI Number:** 59-2607278      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCKINNON, CHARLES W  
3405 OCEAN DR  
VERO BEACH, FL 32963      US

**Name and Address of New Registered Agent:**

MOSLENER, ADELE  
861 22ND STREET  
VERO BEACH, FL 32960      US

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.

SIGNATURE: ADELE MOSLENER

05/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HART, JAMES  
Address: 855 22ND STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: SD      ( ) Delete  
Name: MOSLENER, ADELE  
Address: 861 22ND STREET  
City-St-Zip: VERO BEACH, FL

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MOSLENER, CARL  
Address: 867 22ND STREET  
City-St-Zip: VERO BEACH, FL 32960

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: MARTIN, ROBERT  
Address: 2502 LEON AVENUE  
City-St-Zip: VERO BEACH, FL 32960

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: ADELE MOSLENER

SD

05/02/2007

Electronic Signature of Signing Officer or Director

Date