2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# 756306

Entity Name: LES CHATEAUX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CONTINENTAL
2870 SCHERER DR. # 100
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

THE CONTINENTAL GROUP, INC.
2870 SCHERER DR. N., # 100
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

CONTINENTAL
2870 SCHERER DR. # 100
ST. PETERSBURG, FL 33716 US

New Mailing Address:

THE CONTINENTAL GROUP, INC.
2870 SCHERER DR. N., # 100
ST. PETERSBURG, FL 33716 US

FEI Number: 59-2088216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENTON, KEVIN ESQ.
1111 AVENIDA DEL CIRCO
SUITE B
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BRYAN, .CHARLES
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33716

Title: TRES
Name: BRYAN, CHARLES
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SEC
Name: HOYT, MARILYN
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP
Name: PEZOS, MANTINA
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: DIR
Name: BEVINS, RALPH
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D
Name: DULGEROFF, NELSON
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: BRIAN JONES LCAM 03/31/2011

Electronic Signature of Signing Officer or Director Date