2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# 758623

Entity Name: CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2227556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
C/O SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: HOFFMAN, ROBERT
Address: 2929 W OAK RIDGE RD #B-6
City-St-Zip: ORLANDO, FL 32809

Title: VPD ( ) Delete
Name: SPAIGHT, LUELETHA
Address: 2727 W OAK RIDGE RD #1-4
City-St-Zip: ORLANDO, FL 32809

Title: SD ( ) Delete
Name: HOPE-GILL, CHARLES
Address: 6068 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: TORRES, GABRIEL
Address: 2741 FIELDSTONE CT
City-St-Zip: ORLANDO, FL 32839

Title: TD ( ) Change (X) Addition
Name: GILL, CHARLES H
Address: 849 EAGLE CLAW CT
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Change (X) Addition
Name: MENDEZ, VLADIMIR
Address: 2929 OAK RIDGE RD W #D-1
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HOFFMAN PD 04/11/2007

Electronic Signature of Signing Officer or Director — Date