
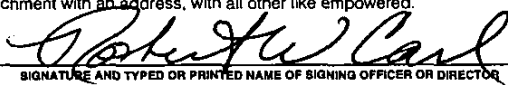


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90052 017 ****61.25

| | | | | | |
|---|---------------------------|---|--|---|--|
| DOCUMENT # 762890 1. Entity Name CHATEAU BAYONNE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1050A EASTLAKE WOLDS PKWY OLDSMAR, FL 34677 US | | | Mailing Address 1050A EASTLAKE WOLDS PKWY OLDSMAR, FL 34677 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2867758 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 | | | | 7. Name and Address of New Registered Agent 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) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIGLIORELLI, JOHN | | NAME | | |
| STREET ADDRESS | 14820 RUE DE BAYONNE #603 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL 34622 | | CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARL, ROBERT | | NAME | | |
| STREET ADDRESS | 14820 RUE DE BAYONNE #601 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL 34622 | | CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | TVB | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIENCYKOSKI, RONALD | | NAME | | |
| STREET ADDRESS | 14820 RUE DE BAYONNE #604 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL 34622 | | CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAYAN, BORA | | NAME | SANTIAGO, NYDIA | |
| STREET ADDRESS | 14820 RUE DE BAYONNE #403 | | STREET ADDRESS | 14820 RUE DE BAYONNE #403 | |
| CITY-ST-ZIP | CLEARWATER, FL 34622 | | CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLEECE, WILLIAM | | NAME | | |
| STREET ADDRESS | 14820 RUE DE BAYONNE #506 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL 34622 | | CITY-ST-ZIP | CLEARWATER FL 33762 | |
| 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 exemption stated in Section 119.07(3)(i), 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:  | | | 1-25-05 727-561-0773 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT W. CARL | | | Date Daytime Phone # | | |

40013384



01062005 Chg-NP CR2E037 (10/03)