

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764346

FILED
Mar 06, 2009
Secretary of State

Entity Name: CHATEAU VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2264673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULM, JEFFREY
C/O GOLDSTAR MANAGEMENT CO.
2435 US 19 #270
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAATS, BARBARA
Address: 11316 VERSAILLES LN.
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: MCWHITE, DORA
Address: 11318 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

Title: TD () Delete
Name: NOEL, YVONNE
Address: 11339 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: BONDI, PHILIP
Address: 11238 GOLF ROUND DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: CONSTUNZO, CARMELLA
Address: 11309 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STAATS, BARBARA
Address: 11316 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

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

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

Title: VPD (X) Change () Addition
Name: BRANDENBURG, ELEANOR
Address: 11302 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Change () Addition
Name: CONSTANZO, CARMELLA
Address: 11309 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

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: BARBARA STAATS

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date