

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90071 009 ****70.00

DOCUMENT # N00000001651

1. Entity Name

CHATEAU VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

612 53RD AVE. WEST
BRADENTON FL 34207

Mailing Address

612 53RD AVE. WEST
BRADENTON FL 34207

2. Principal Place of Business

612 53rd Ave West

3. Mailing Address

612 53rd Ave West Brad 266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1810036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 S. TAMiami TR., STE. 199
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE Korp, William R.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOTHE, RICHARD	
STREET ADDRESS	5512 CHATENAU LANE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WATTERS, SHIRLEY	
STREET ADDRESS	5413 COLTEEN DR	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	COALTS, RALPH	
STREET ADDRESS	5313 ALGERIA	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TERRY, GRACE	
STREET ADDRESS	5509 COLTERS DR	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, EILENE	
STREET ADDRESS	601 ARMHIA CT	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KLINE, ELLEN	
STREET ADDRESS	605 BOLINAS	
CITY-ST-ZIP	BRADENTON FL 34207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Watters	
STREET ADDRESS	5413 Colleen Dr.	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Corriera	
STREET ADDRESS	604 Cyprus Ct.	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Sarine	
STREET ADDRESS	401 Danube Ct.	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Schuerman	
STREET ADDRESS	501 Barca Ct.	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Kline	
STREET ADDRESS	605 Bolivia	
CITY-ST-ZIP	(Address Change Only)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Paul Schuerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)