


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90118 032 ****61.25

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| EPDVNF0U!\$ N03000004495 | |  | |
| 2/ Entity Name CHATEAU GROVE CONDOMINIUM ASSOCIATION, INC. | | Principal Place of Business 2166710X1371TU TUE314 NBNJGM44283 | |
| Mailing Address 2166710X1371TU TUE314 NBNJGM44283 | | | |
| 3/ Principal Place of Business | | 4/ Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 7/ Obn f lboelBeef t t lpgDvaf ouSt hjt uf ef elBhf ou | | 8/ Obn f lboelBeef t t lpgDvaf x ISf hjt uf ef elBhf ou | |
| ARROM, ORLANDO 10558 NW 28 ST STE D203 MIAMI, FL 33172 | | Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code | |
| 9/ 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | : / Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %6/11 NbzlCf l Beef eluplG f t | |
| Nbif di f dl qbzbcnf p Gpsjeb Ef qbun f oupg Tufd | | | |
| 21/ OFFICERS AND DIRECTORS | | 22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WRIGHT, CHARLES T 3265 VIRGINIA ST, UNIT # 9 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Zachary J. Naughton 3265 Virginia St # 18 Miami FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GOMEZ, IVAN- Susan C. 2265 VIRGINIA ST, UNIT #11 MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ROSMAN, JESSICA L 3265 VIRGINIA ST, UNIT # 1 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WALKER, MATTHEW G 3265 VIRGINIA ST, UNIT #12 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CREP, ERIK 3265 VIRGINIA ST, UNIT # 23 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Zachary E. Wethington 3265 Virginia St # 17 Miami, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. | | | |
| TJHOBVFSF; Jessica S. Rosman | | 3/7/06 305-445-4516 | |
| TJHOBVFSFIBOELZOFEP SIOLOF KORNPIGTHOLSHIP GSDFSF SIE SFDUPS | | Date Daytime Phone # | |