2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004495

FILED Apr 30, 2009 Secretary of State

Entity Name: CHATEAU GROVE CONDOMINIUM ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 10556 NW 26 ST **STE D203** MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 10556 NW 26 ST STE D203 MIAMI, FL 33172 FEI Number: 20-0561403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARROM, ORLANDO 10556 NW 26 ST STE D203 MIAMI, FL 33172 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NAUGHTON, ZACHARY J WETHINGTON, ZACHARY R Name: Name: Address: 3265 VIRGINIA ST 18 Address: 3265 VIRGINIA ST #17 City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change () Addition Name: WALKER, MATTHEW G Name: Address: 3265 VIRGINIA ST. UNIT #12 Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: VD. () Delete Title: () Change () Addition CREP, ERIK Name: Name: 3265 VIRGINIA ST, UNIT # 23 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: PTD (X) Delete Title: () Change () Addition WETHINGTON, ZACHARY R Name: Name: 3265 VIRGINA ST 17 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip:

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: ZACHARY R WETHINGTON PTD 04/30/2009