## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010734

FILED Apr 29, 2006 Secretary of State

Entity Name: CHATEAUX HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

656 BAYWAY BLVD UNIT 7 801 E. GULF BLVD.

CLEARWATER, FL 33767 INDIAN ROCKS BEACH, FL 33785

Current Mailing Address: New Mailing Address:

656 BAYWAY BLVD UNIT 7 801 E. GULF BLVD.

CLEARWATER, FL 33767 INDIAN ROCKS BEACH, FL 33785

FEI Number: 20-1900027 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:

DONOVAN, BRUCE A BASTA, NICHOLAS L 801 E. GULF BLVD.

CLEARWATER, FL 33767 US INDIAN ROCKS BEACH, FL 33785 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: NICHOLAS L. BASTA 04/29/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD ( ) Delete Title: PD (X) Change( ) Addition

 Name:
 DONOVAN, BRUCE A
 Name:
 BASTA, NICHOLAS L

 Address:
 656 BAYWAY BLVD UNIT 7
 Address:
 801 E. GULF BLVD.

City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: KIXMILLER-SHAMBLIN, BRENDA Name: LANTON, GENE Address: 110 WEST REYNOLDS STREET STE 102 Address: 799 E. GULF BLVD.

City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS L. BASTA PD 04/29/2006