


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 042 *****61.25

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|---|--|--|---|---|--|
| DOCUMENT # N05000007789 | | | |  | |
| 1. Entity Name CHATEAU IN THE PINES HOMEOWNERS ASSOCIATION II, INC. | | | | | |
| Principal Place of Business 930 S. HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | | | Mailing Address 930 S. HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number APPLIED FOR | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | | | Name <u>Letisha Labbate</u> Street Address (P.O. Box Number is Not Acceptable) <u>1331 Bedford Drive #103</u> City <u>Melbourne</u> FL <u>32940</u> | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Letisha Labbate</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>2/5/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD FITZPATRICK, JOAN M 930 S. HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Atlas, Winnie 220 Sixth Ave Melbourne Bch, FL 32951 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD TOLLMANN, BILL 930 S. HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPB McDavitt, Lorine 95 Anchor Dr Indian Hbr. Bch, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SAUNDERS, KRISTEN 930 S. HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD Conway, Kathleen 56 D Piney Branch way W. Melbourne, FL 32904 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <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 | | <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 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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. | | | | | |
| SIGNATURE: <u>Kathleen Conway</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>2/1/07</u> <small>Daytime Phone #</small> | | |

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