2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05623

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90027 006 ****61.25

ISLAND (CHATEAU CONDOMINIUN	A ASSOCIATION, INC.						
Principal Place of Business 160 COLUMBIA DRIVE TAMPA, FL 33606		Mailing Address 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602 US)22 4 5	1187 BERK BIRK DIAN BERK BIRK		
		3. Mailing Address 3001 Executi	3. Mailing Address 3001 Executive Drive					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite 260		Chg-NP	CR2E037 (12/06)		
City & State		City & State Clearwater			57	 	oplied For ot Applicable	
Zip	Country	Zip 3376シ	Country USA	5. Certificate of S	Status Desired	S8.75 Add		
	→ C. Name and Address of Current	t-Registered Agont	Nome	7. Name and Ad	dress of New R	eglaterad Agent		
CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD				Name Street Address (P.O. Box Number is Not Acceptable)				
STE 270					 -	· · · · · · · · · · · · · · · · · · ·	·	
TAMPA, F	L 33602		City			FL Zip Cod	le (
8. The above	named entity submits this statement t	for the purpose of changing its re	egistered office or	registered agent, or both, i	n the State of Flo		and accept	
	ions of registered agent.		•					
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title # applicable. (NOTE:	Registered Agent signatur	re required when reinstating)		DATE		
• • • • • • • • • • • • • • • • • • • •								
	•	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	1	ake check payable t ida Department of S		
10.	•	Trust Fund Co		Added to Fees	Flori		tate	
10. TITLE NAME STREET ADDRESS CITY-ST-2IP	Due by May 1, 2007	Trust Fund Co	ontribution. (Added to Fees	Flori	ida Department of S	tate	
TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D PD CRAWLEY, CHARLES 160 COLUMBIA DR #307	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS	Added to Fees	Flori	ida Department of S	tate	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D PD CRAWLEY, CHARLES 160 COLUMBIA DR #307 TAMPA, FL 33606 S DOBSON, MARY A 160 COLUMBIA DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Flori	da Department of S	tate 1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D PD CRAWLEY, CHARLES 160 COLUMBIA DR #307 TAMPA, FL 33606 S DOBSON, MARY A 160 COLUMBIA DR TAMPA, FL 33606 D XENICK, CONSTANTINE 160 COLUMBIA DR #601	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAZAE STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Flori	da Department of S	tate ₹ 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D PD CRAWLEY, CHARLES 160 COLUMBIA DR #307 TAMPA, FL 33606 S DOBSON, MARY A 160 COLUMBIA DR TAMPA, FL 33606 D XENICK, CONSTANTINE 160 COLUMBIA DR #601 TAMPA, FL 33606 DT HANENUK, LONNIE 160 COLUMBIA DR #505	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Flori	Change C	tate 10 Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	Due by May 1, 2007 OFFICERS AND D PD CRAWLEY, CHARLES 160 COLUMBIA DR #307 TAMPA, FL 33606 S DOBSON, MARY A 160 COLUMBIA DR TAMPA, FL 33606 D XENICK, CONSTANTINE 160 COLUMBIA DR #601 TAMPA, FL 33606 DT HANENUK, LONNIE 160 COLUMBIA DR #505	Trust Fund Co	ONTRIBUTION. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Bry I Go Columbo Tampa, Director Vancy Dan Ha Columbi Tampa, Tampa, Tampa, Tampa,	SKICW SKICH	Change C	tate 10 Addition Addition Addition Addition 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:

SIGNATURE AND TYPES OR PRINTERNAME OF SIGNING OFFICER OR DIRECTOR

DINO Yenick

4/24/07

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