2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State
04-29-2008 90078 017 ****61.25

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1. Entity Name
CHATEAU AT THE VINEYARDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172	730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172

03132008 Chg-NP CR2E037 (12/06)

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 26-1414992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FURSHMAN, MICHAEL C/O SOLOMON & FURSHMAN, LLP 1666 KENNEDY CAUSEWAY STE 302 NORTH BAY VILLAGE, FL 33141	Name: ASSOCIATION LAW GROUP Street Address (P.O. Box Number is Not Acceptable): 1666 KENNEDY CAUSE WAY SUITE 305 City: N. BAY VILLAGE FL Zip Code: 3314

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: David C. Arnold — ASSOCIATION LAW GROUP — MANAGING PARTNER — 4/23/08
DAVID C. ARNOLD
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP HENDERSON, MERCEDES 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172	☐ Delete	DP HERRERA, MARIA CAROLINA 730 NW 107 AVE 4th Floor Miami FL 33172	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SIERRA, SYLVIA 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST AVILA, MIGUEL 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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] 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #