


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90454 045 ****61.25

DOCUMENT # N10648	
1. Entity Name LE CHATEAU OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1008 OCEANWOOD DRIVE NORTH NEPTUNE BEACH, FL 32266 US	Mailing Address P O BOX 50218 JACKSONVILLE BEACH, FL 32240 US
---	---

2. Principal Place of Business - No P.O. Box # 701 OCEAN AVE	3. Mailing Address 427 - 3RD ST. No
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ATLANTIC BEACH, FL	City & State JACKSONVILLE BCH, FL
Zip 32233	Zip 32250
Country DUVAL	Country DUVAL

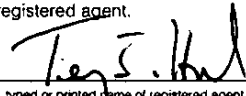
04272007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0247526	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

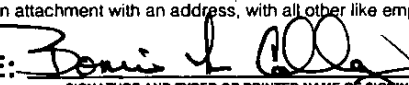
6. Name and Address of Current Registered Agent FISHER, SHARON 1008 OCEANWOOD DRIVE NORTH NEPTUNE BEACH, FL 32266	
---	--

7. Name and Address of New Registered Agent Name TERRY J. HOOD CPA Street Address (P.O. Box Number is Not Acceptable) HILLEGASS, CHEPENIK & HOOD, CPA'S 427 - 3RD ST. No City JACKSONVILLE BCH FL Zip Code 32250	
---	--

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 	TERRY J. HOOD 4/27/07
(NOTE: Registered Agent signature required when reinstating)	

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	SD KNEELAND, MARY 701 BEACH AVE #302 ATLANTIC BCH, FL 32233 <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	DV VERMILLION, CHARLES 701 BEACH AVE STE 204 ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEDRO, A 710 BCH AVE STE 302 ATLANTIC BCH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, MABEL 701 BEACH AVENUE, 304 ATLANTIC BEACH, FL 32233 <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	T WASLOSKI, JOHN 701 BEACH AVENUE, 201 ATLANTIC BEACH, FL 32233 <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: 	Bonnie L. Conway 4/27/07 904-246-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	