2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10648

FILED Apr 15, 2009 Secretary of State

Entity Name: LE CHATEAU OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
701 OCEA ATLANTIC	N AVE BEACH, FL 32233 US			
Current Mailing Address:		New Mailing Addres	s:	
427-3RD S JACKSON	T NORTH VILLE BEACH, FL 32250 US			
FEI Number:	59-0247526 FEI Number Applied For () FE	I Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
HILLEĞAS 427-3RD S JACKSON'	RRY J CPA S,CHEPENIK&HOOD,CPA'S IT NORTH VILLE BEACH, FL 32250 US named entity submits this statement for the purpo	se of changing its registere	ed office or registered agent, or both,	
in the State	of Florida.			
SIGNATUF				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD () Delete KNEELAND, MARY 701 BEACH AVE #302 ATLANTIC BCH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete VERMILLION, CHARLES 701 BEACH AVE STE 204 ATLANTIC BEACH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DV () Delete VEDRO, A 710 BCH AVE STE 302 ATLANTIC BCH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:				
Title: Name: Address: City-St-Zip:	SD () Delete CAMPBELL, MABEL 701 BEACH AVENUE, 304 ATLANTIC BEACH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES VERMILLION P 04/15/2009