

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 042 ****61.25

DOCUMENT # N13173					
1. Entity Name FIVE CHATEAU VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O GOLDSTAR MANAGEMENT CO. 2435 US 19 SUITE 270 HOLIDAY, FL 34691			Mailing Address C/O GOLDSTAR MANAGEMENT CO. 2435 US 19 SUITE 270 HOLIDAY, FL 34691		
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 59-2776123	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO. 2435 US 19 #270 HOLIDAY, FL 34691				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARWADY, EDW.		NAME		
STREET ADDRESS	10730 US 19, STE 17		STREET ADDRESS	11416 Versailles Ln.	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONTE, GIRO		NAME		
STREET ADDRESS	10730 US 19, STE 17		STREET ADDRESS	11440 Versailles Ln.	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCHSINGER, EVILO		NAME		
STREET ADDRESS	10730 US 19, STE 17		STREET ADDRESS	11513 Versailles Ln.	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, MARY		NAME		
STREET ADDRESS	10730 US 19, STE 17		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMMERMUTH, ALAN		NAME	Director Pearl Kugler	
STREET ADDRESS	10730 US 19, STE 17		STREET ADDRESS	11517 Versailles Lane	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Girolamo Conte</i>			Date: 2-19-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 727 863 4393		

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