

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90491 012 ****61.25

DOCUMENT # N15898

1. Entity Name
CHATEAU MONET CONDOMINIUM ASSOCIATION



Principal Place of Business

**8730 NW 40 ST
CORAL SPRINGS FL 33065
US**

Mailing Address

**8730 NW 40 ST
8736 NW 40 ST
CORAL SPRINGS FL 33065
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ZESCHKE, JOAN
8730 NW 40 ST
CORAL SPRINGS FL 33065**

4. FEI Number **59-2437329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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 *Joan Zeschke*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-03

DATE

FILE NOW: FEE IS \$61.25

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	PO	<input type="checkbox"/> Delete
NAME	ZESCHKE, KEN	
STREET ADDRESS	8730 NW 40 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	ZESCHKE, JOAN	
STREET ADDRESS	8730 NW 40TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHN DOWLING	
STREET ADDRESS	8732 NW 40TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

Date

954-752-0639

Daytime Phone #

CR2E037 (10/02)