


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90001 050 \*\*\*\*61.25

<b>DOCUMENT # N17004</b> 1. Entity Name <b>CHATEAU WOOD HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>% PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>			Mailing Address <b>% PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		02082008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0030316</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required -</b>	
6. Name and Address of Current Registered Agent  <b>BACKER, KEITH ESQ BACKER LAW FIRM 400 S DIXIE HIGHWAY 420 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLINARO, VALERIE 4065 D VILLAGE DRIVE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President muend, Cynthia 3715 D Village Dr Delray Beach FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACK, FLORENCE 4065 A VILLAGE DR DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sack, Florence 4065A Village Dr Delray Beach FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELGER-TILMES, META 4175 C VILLAGE DR DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Renita Perrone 4075C Village Dr Delray Beach FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESKIN, FAY 3690 VILLAGE DR. #B DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Smith, Marcus 3770 A Village Dr Delray Beach FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNSTEIN, STEVE 4260N D VILLAGE DRIVE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laudacio, Michael 340 A Village Dr Delray Beach FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wolk, Dennis 3430 D Village Dr Delray Beach FL 33445
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.					
<b>SIGNATURE:</b> <u>Cynthia Muerch</u> , Cynthia Muerch 6/6/08					

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561-289-6118