


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90329 040 \*\*\*\*61.25

**DOCUMENT # N93000001801**

1. Entity Name  
**DANIA CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**421 S.E. 10TH STREET  
 DANIA, FL 33004**

Mailing Address  
**CREST PROPERTY MGMT.  
 3107 STIRLING RD. #308  
 FT. LAUDERDALE, FL 33312 US**

2. Principal Place of Business  
**7071 W. Commercial Blvd.**

3. Mailing Address  
**7071 W. Commercial Blvd.**


Suite, Apt. #, etc.  
**Suite 2B**

City & State  
**Tamarae, FL**

City & State  
**Tamarae**

Zip  
**33319**

Country  
**USA**



04232004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0473791**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, LEONOR  
 C/O PREMIER PROPERTY MGMT. LLC  
 3107 STIRLING RD. #308  
 FT. LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name  
**Surge Management Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**7071 W. Commercial Blvd.**

Suite, Apt. #, etc.  
**Suite 2B**

City  
**Tamarae**

State  
**FL**

Zip Code  
**33319**

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 *Karen Busch* DATE **4/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

Filing Fee is **\$61.25** Due by **May 1, 2004**

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 PD	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ORTIZ, AIDA		NAME Streau, Steve	
STREET ADDRESS 441 SE 10TH ST. #201D		STREET ADDRESS 711 SE 4th Avenue #105C	
CITY-ST-ZIP DANIA, FL 33004		CITY-ST-ZIP Dania Beach, FL 33004	
TITLE TD	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DELATEYERA, JANET		NAME Dennis, Greg	
STREET ADDRESS 811 SE 4TH AVE. #106C		STREET ADDRESS 430 SE 7th Street #202 E	
CITY-ST-ZIP DANIA, FL 33004		CITY-ST-ZIP Dania Beach, FL 33004	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME METZ, EILEEN		NAME	
STREET ADDRESS 430 SE 7TH ST. #104E		STREET ADDRESS	
CITY-ST-ZIP DANIA, FL 33004		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORITZ, AIDA		NAME	
STREET ADDRESS 441 SOUTHEAST 10TH STREET #201D		STREET ADDRESS	
CITY-ST-ZIP DANIA, FL		CITY-ST-ZIP	
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	
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 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: *Karen Busch* DATE: **4/23/04** DAYTIME PHONE #: **954 793-9010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #