


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90155 016 ****61.25

DOCUMENT # N93000001801					
1. Entity Name DANIA CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7071 W COMMERCIAL BLVD STE 2B TAMARAC, FL 33319		Mailing Address 7071 W COMMERCIAL BLVD STE 2B TAMARAC, FL 33319 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0473791	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUNRAE MANAGEMENT SERVICES, INC 7071 W COMMERCIAL BLVD STE 2B TAMARAC, FL 33319			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD RUTH BRUGAT	
NAME	ORTIZ, AIDA	NAME	5013 SW 87 AVENUE	COOPER CITY, FL 33328	
STREET ADDRESS	441 SE 10TH ST. #201D	STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP EDWARD BERNAL	
NAME	DELATEYERA, JANET	NAME	441 SE 10 STREET, #207D	DANIA BEACH, FL 33004	
STREET ADDRESS	811 SE 4TH AVE. #106C	STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P ROBERT KANE	
NAME	METZ, EILEEN	NAME	441 SE 10 STREET, # 101D	DANIA BEACH, FL 33004	
STREET ADDRESS	430 SE 7TH ST. #104E	STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREAU, STEVE	NAME			
STREET ADDRESS	811 SE 4TH AVE #15C	STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMOS, GREG	NAME			
STREET ADDRESS	430 SE 7TH STREET #202E	STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP			
TITLE	<input checked="" 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: <u>Jawad Sayer</u>			Date: <u>4-21-05</u> Daytime Phone #: <u>954 333-9010</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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