## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jun 13, 2007 8:00 am Secretary of State 06-13-2007 90003 041 \*\*\*\*61.25

DOCUMENT # N93000001801				- OO-	-13-2007 30003 041 - 01.23	
1. Entity Name DANIA CHATEAU DE VILLE CONDOMINIUM ASSOCATION, INC.				0.11.20	-	
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					(111 ABCU BBIN SENI ABUI SECO KERI ISNI ABIRI KENBI 27 KELI	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052007 Ch	g-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0473791	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	Fee Required	
6. Name and Address of Current Registered Agent			Name(	7. Name and Addre	ess of New Registered Agent	
SUNRAE MANAGEMENT SERVICES, INC			149112	SUNKAE PROPERTY MANAGEMENT		
7071 W COMMERCIAL BLVD STE 2B TAMARAC, FL 33319			Şupet A	Super Address (POLICY ENDINE Not Agree proble) #26		
			City	MARAP	FL ZipCgdg 10	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office of	r registered agent, or both, in the	he State of Florida. I am familiar with, and accept	
the obligations of registered agent.						
SIGNATURE 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, 2007	9. Election Carn Trust Fund C		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DIF	RECTORS \	11.		S TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	Relete	TITLE	VICE PRESIDE		
NAME	ORTIZ, AIDA		NAME	Christopher	fullCR .	
STREET ADDRESS CITY-ST-ZIP	441 SE 10TH ST. #201D DANIA, FL 33004		STREET ADDRESS CITY-ST-ZIP	401 SW 10 S	4,#1026	
TITLE	TD	Delete	TITLE	Dania Brac Ma Director	h ← 3300 ← Change XI Addition	
NAME	DELATEYERA, JANET	Delete	NAME	christopher	Boenett Bridge & Addition	
STREET ADDRESS	811 SE 4TH AVE. #106C		STREET ADDRESS	140126 10 3	S+2033	
CITY-ST-2IP	DANIA, FL 33004	\\ <u>\</u>	CITY-ST-ZIP	Dania Bea	Ch, FL 33004	
TITLE NAME	SD BRUGAT, RUTH	Delete	TITLE NAME	Javice maet	Change Addition	
STREET ADDRESS	5013 SW 87 AVE		STREET ADDRESS	401 SE 10 S	A 1076	
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP	pania beac	n, FL 33004	
TITLE NAME	VP BERNAL, EDWARD	☐ Delete	TITLE		COSUVEY Change Addition	
STREET ADDRESS	441 SE 10 STREET, # 207D		NAME Street address	Bernal, Edua	# 207D	
CITY-ST-ZIP	DANIA BEACH, FL 33004		CITY-ST-ZIP	Dania Dea		
TITLE	D	Delete	TITLE	DIRECTOR	☐ Change ☑ Addition	
NAME STREET ADDRESS	KANE, ROBERT   441 SE 10 STREET, # 101 D	•	NAME STREET ADDRESS	100 SE 10	ircus 5t # 107B	
CITY-ST-ZIP	DANIA BEACH, FL 33004		CITY-ST-ZIP	DOGIC CO	3004	
TITLE		☐ Delete	THLE	DIRECTOR	☐ Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	saeah was	KCR # 106C,	
CITY-ST-ZIP			CITY-ST-ZIP	Pania Por	achifl 33004	
12. I hereby certify that the information supplied with this filling 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						
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emporation.	true and accurate and that mo wered to execute this report a	the exemptions or y signature shall l as required by Ch	ontained in Chapter 119, Florid lave the same legal effect as if apter 617, Florida Statutes; and	da Statutes. I further certify that the information made under oath; that I am an officer or director that my name appears in Block 10 or Block 11 if	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address,	true and accurate and that mo wered to execute this report a	the exemptions or y signature shall l as required by Ch	ontained in Chapter 119, Floric lave the same legal effect as if apter 617, Florida Statutes; and	made under oath; that I am an officer or director that my name appears in Block 10 or Block 11 if	

5/11/07