


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

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90009 037 ****70.00

DOCUMENT # N94000001463	
1. Entity Name CHATEAUBLEAU VILLAS AT MIDWAY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business COURTESY PROP. MGMT. 13250 SW 135TH AVE. MIAMI, FL 33186	Mailing Address COURTESY PROP. MGMT. 13250 SW 135TH AVE. MIAMI, FL 33186
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94010400



01072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0628236	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134

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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 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, MERCEDES 531 NW 82 AVE #613 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, OSCAR 651 NW 82ND AVENUE #102 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, ALICIA 511 NW 82ND AVENUE, #416 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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] President Date: 1/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR