


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90145 038 ****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**

40023013



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0628236

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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** Delete
 NAME **SUAREZ, MERCEDES**
 STREET ADDRESS **531 NW 82 AVE #613**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **PD** Change Addition
 NAME **SUAREZ, REYNALDO**
 STREET ADDRESS **531 NW 82 AVENUE #613**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VPD** Delete
 NAME **RODRIGUEZ, OSCAR**
 STREET ADDRESS **651 NW 82ND AVENUE #102**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **REYES, ALICIA**
 STREET ADDRESS **511 NW 82ND AVENUE; #416**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *[Signature]* **President** 2/1/05 305-562-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #