


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90002 027 \*\*\*\*70.00

<b>DOCUMENT # N94000001463</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0628236	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CUEVAS & RUBIN, P.A. 536 BILTMORE WAY. CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, REYNALDO		NAME	GIBSON, MILAGROS	
STREET ADDRESS	531 NW 82 AVE #613		STREET ADDRESS	431 NW 82 AVE # 921	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, OSCAR		NAME	VERGARA, JUAN	
STREET ADDRESS	651 NW 82ND AVENUE #102		STREET ADDRESS	551 NW 82 AVE # 522	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYES, ALICIA		NAME	PADILLA, MIRIAM	
STREET ADDRESS	511 NW 82ND AVENUE, #416		STREET ADDRESS	351 NW 82 AVE # 1118	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
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		
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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Milagros Gibson</u>			Date: <u>2-27-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		