


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003788 1. Entity Name CHATEAUX GARDENS OF SANS SOUCI CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 4401 N.W. 167 ST MIAMI, FL 33055	Mailing Address 4401 N.W. 167 ST MIAMI, FL 33055
--	--



DO NOT WRITE IN THIS SPACE

01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1029101	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

LEVY, JACOB
4401 N.W. 167 ST
MIAMI, FL 33055

**DO NOT WRITE
IN THIS SPACE**

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 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

U00000122790
04/21/04-80042-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, JACOB 4401 N.W. 167 ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRIJA, KEVIN 4401 N.W. 167 ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, NISSIM 4401 N.W. 167 ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kevin Frija

Kevin Frija

4/15/04

3054747676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #