

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003788

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHATEAUX GARDENS OF SANS SOUCI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16085 NW 52ND AVE
MIAMI, FL 33014

New Principal Place of Business:

4401 NW 167TH STREET
MIAMI, FL 33055

Current Mailing Address:

16085 NW 52ND AVE
MIAMI, FL 33014

New Mailing Address:

4401 NW 167TH STREET
MIAMI, FL 33055

FEI Number: 65-1029101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, JACOB
16085 NW 52ND AVE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

FRIJA, ADAM ESQ.
4401 NW 167TH STREET
MIAMI, FL 33055 US

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.

SIGNATURE: ADAM FRIJA

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVY, JACOB
Address: 16085 NW 52ND AVE
City-St-Zip: MIAMI, FL 33014

Title: VSD () Delete
Name: FRIJA, KEVIN
Address: 16085 NW 52ND AVE
City-St-Zip: MIAMI, FL 33014

Title: TD () Delete
Name: LEVY, NISSIM
Address: 16085 NW 52ND AVE
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVY, JACOB
Address: 4401 NW 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: VSD (X) Change () Addition
Name: FRIJA, KEVIN
Address: 4401 NW 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: TD (X) Change () Addition
Name: LEVY, NISSIM
Address: 4401 NW 167TH STREET
City-St-Zip: MIAMI, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB LEVY

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date