


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90012 018 \*\*\*\*61.25

<b>DOCUMENT # N94000005798</b> 1. Entity Name <b>CHATEAU VILLAGE COOPERATIVE, INC.</b>					
Principal Place of Business 612 53RD AVE. WEST BRADENTON, FL 34207			Mailing Address 612 53RD AVE. WEST BRADENTON, FL 34207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1810036</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NEWBY MANAGEMENT</b> <b>3370 US HWY 301 N</b> <b>ELLENTON, FL 34222</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <i>Maisha Baxter</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <i>Chateau Village</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <i>4-8-08</i>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONFILS, CAROLE</b> <input type="checkbox"/> Delete <b>603 CEYLON CT</b> <b>BRADENTON, FL 34207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Carole Monfils</i> <b>603 Ceylon Ct</b> <b>Bradenton, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>WEBER, ED</b> <b>301 BOLIVIA BLVD</b> <b>BRADENTON, FL 34207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Edwin F. Weber Jr</i> <b>301 Bolivia Blvd.</b> <b>Bradenton, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>CHOQUETTE, PATRICIA</b> <b>604 ARAN COURT</b> <b>BRADENTON, FL 34207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Patricia Choquette</i> <b>604 Aran Court</b> <b>Bradenton, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>ALDER, REBECCA</b> <b>5420 CHATEAU LN</b> <b>BRADENTON, FL 34207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Helen R. Dunn</i> <b>5511 Denmark Dr.</b> <b>Bradenton, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DUNN, HELEN</b> <b>5511 DENMARK DR</b> <b>BRADENTON, FL 34207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Rebecca Alder</i> <b>5420 Chateau Ln W</b> <b>Bradenton, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Carole Monfils President</i> <b>CAROLE MONFILS</b> <i>4-7-08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					