2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002661

FILED Apr 30, 2009 Secretary of State

Entity Name: LES CHATEAUX CONDOMINIUM ASSOCIATION AT PELICAN MARSH, INC.

Current Principal Place of Business:				New Principal Place of Business:			
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 US				C/O COMPASS GROUP 3701 TAMIAMI TRAIL N, 3RD FLOOR NAPLES, FL 34103 US New Mailing Address:			
Current Mailing Address:							
7400 TAM	PASS GROUP IAMI TRAIL NC FL 34108 U	RTH, SUITE 101 S				3 3RD FLOOR US	
FEI Number	: 65-0598438	FEI Number Applied For ()	FEI Nur	mber Not App	licable ()	Certificate of Status Desire	d ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 US				COMPASS GROUP 3701 TAMIAMI TRAIL N, 3RD FLOOR NAPLES, FL 34103 US			
	named entity s e of Florida.	submits this statement for the p	urpose c	of changing i	ts registered	office or registered agent,	or both,
SIGNATURE: JEFF MITCHELL						04/30/2009	
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	CHAPMAN, LOI	EAUX BLVD #201		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MICHEL, GREG	ΓEAUX BLVD., #201		Title: Name: Address: City-St-Zip:	MICHEL, GRE 1820 LES CHA	ATEAUX BLVD., #201	
Title: Name: Address: City-St-Zip:	CARGNONI, CH	ΓEAUX BLVD., #101		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCOGGINS, KE	FEAUX BLVD. #203		Title: Name: Address: City-St-Zip:	SCOGGINS, K 1855 LES CHA	ATEAUX BLVD. #203	
Title: Name: Address: City-St-Zip:	COURTNEY, CO	ΓEAUX BLVD., #201		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GREG MICHEL P 04/30/2009