

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90097 038 ****61.25

DOCUMENT # N99000003226					
1. Entity Name CHATEAU CONDOMINIUMS AT MAGNOLIA POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O HARA MANAGEMENT, INC. 118 NORTH WYMORE ROAD WINTER PARK, FL 32789			Mailing Address C/O HARA MANAGEMENT, INC. 118 NORTH WYMORE ROAD WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3663351	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA, ROBERT C/O HARA MANAGEMENT, INC. 118 NORTH WYMORE ROAD WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME DULIN, CHRISTOPHER STREET ADDRESS 13405 FOUNTAINBLEAU DR CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Jerry Phillips STREET ADDRESS 13438 Fountainbleu Dr CITY-ST-ZIP Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME FIRSTNER, SHIRLEY STREET ADDRESS 17310 PROMENADE DR CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Chris Dulin STREET ADDRESS 13405 Fountainbleau Drive CITY-ST-ZIP Clermont FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME WALLACE, JOHN STREET ADDRESS 17303 PROMENADE DR CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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.					
SIGNATURE: <i>John P. Wallace</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>April 11, 2007</i> <small>Date Daytime Phone #</small>		