

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90025 003 \*\*\*\*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 #  
**C/O HARA Management, Inc**  
 Suite, Apt. #, etc.  
**931 S. Semoran Blvd #214**  
 City & State  
**Winter Park, FL**  
 Zip  
**32792** Country  
**USA**

3. Mailing Address  
**C/O HARA Management, Inc**  
 Suite, Apt. #, etc.  
**931 S. Semoran Blvd #214**  
 City & State  
**Winter Park, FL**  
 Zip  
**32792** Country  
**USA**



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3663351**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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)  
**931 S. Semoran Blvd #214**  
 City  
**Winter Park, FL** Zip Code  
**FL 32792**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNLIN, CHRIS	
STREET ADDRESS	13405 FOUNTAINBLEAU DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JERRY	
STREET ADDRESS	13438 FOUNTAINBLEU DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLACE, JOHN	
STREET ADDRESS	17303 PROMENADE DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John Wallace* *4/24/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #