

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003226

FILED
Apr 13, 2009
Secretary of State

Entity Name: CHATEAU CONDOMINIUMS AT MAGNOLIA POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O HARA MGMT. INC
931 S. SEMORAN BLVD. #214
WINTER PARK, FL 32792

New Principal Place of Business:

931 S. SEMORAN BLVD.
SUITE #214
WINTER PARK, FL 32792

Current Mailing Address:

C/O HARA MGMT. INC
931 S. SEMORAN BLVD. #214
WINTER PARK, FL 32792

New Mailing Address:

931 S. SEMORAN BLVD.
SUITE #214
WINTER PARK, FL 32792

FEI Number: 59-3663351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARA, ROBERT
931 S. SEMORAN BLVD. #214
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

HARA MANAGEMENT, INC.
931 S. SEMORAN BLVD.
SUITE #214
WINTER PARK, FL 32792 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: ROBERT HARA

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DUNLIN, CHRIS
Address: 13405 FOUNTAINBLEAU DR
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: PHILLIPS, JERRY
Address: 13438 FOUNTAINBLEAU DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: WALLACE, JOHN
Address: 17303 PROMENADE DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLACE, JOHN
Address: 17303 PROMENADE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change () Addition
Name: DULIN, CHRISTOPHER
Address: 13405 FOUNTAINBLEAU DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change () Addition
Name: PHILLIPS, JERRY
Address: 13438 FOUNTAINBLEAU DR.
City-St-Zip: CLERMONT, FL 34711

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: JOHN WALLACE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date