

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000008231

1. Entity Name
CHATEAU MANAGEMENT GROUP, INC.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 25 AM 9:43

Principal Place of Business
1482 E MACDONALD AVE
EUSTIS, FL 32726

Mailing Address
1039 HORATIO AVE
CORONA, CA 92882-6151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08152006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3488738

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, EVA L
1482 EAST MACDONALD AVE.
EUSTIS, FL 32726

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GORDON, EVA L
1482 EAST MACDONALD AVE.
EUSTIS, FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700079227537
08/29/06--01058--007 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ZAMORA, TERAZZAH M
6100 ELECTRA LANE STE 1
PENSACOLA, FL 32507 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
GORDON, TAKARA R.
1039 HORATIO AVE.
CORONA, CA, 92882 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GORDON, TAKARA R
1039 HORATIO AVE.
CORONA, CA 928826151 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ 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 607, 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: Eva L. Gordon 8-18-06 352434 8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #