

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749089 (9)
1. Corporation Name
CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6000 PELICAN BAY BLVD. #100 NAPLES FL 33963**
Mailing Address: **6000 PELICAN BAY BLVD. #100 NAPLES FL 33963**

3. Date Incorporated or Qualified: **09/26/1979**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-2047915**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **240 INTEGRATED PROPERTY MGMT**
2a. Mailing Address: **240 INTEGRATED PROP. MGMT.**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country: 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWALM, JOHN
2375 TAMiami TRAIL NORTH
STE 308
NAPLES FL 33940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DANSER, ELLEN		1.2 NAME: DEFREEST, LYNN
STREET ADDRESS: 6000 PELICAN BAY BLVD, #504		1.3 STREET ADDRESS: 6000 PELICAN BAY BLVD C1103
CITY-ST-ZIP: NAPLES FL		1.4 CITY-ST-ZIP: NAPLES, FL 33963
TITLE: VPD	<input type="checkbox"/> DELETE	2.1 TITLE: PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WIETHAM, GILBERT		2.2 NAME: WIETHAM, GILBERT
STREET ADDRESS: 6000 PELICAN BAY BLVD 101		2.3 STREET ADDRESS: 6000 PELICAN BAY BLVD 101
CITY-ST-ZIP: NAPLES FL		2.4 CITY-ST-ZIP: NAPLES, FL 33963
TITLE: SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SECRETARY/TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARTLEBAUGH, WARREN		3.2 NAME: LEVENSON, DONALD
STREET ADDRESS: 6020 PELICAN BAY BLVD		3.3 STREET ADDRESS: 6060 PELICAN BAY BLVD B203
CITY-ST-ZIP: NAPLES FL		3.4 CITY-ST-ZIP: NAPLES, FL 33963
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LANG, WESLEY W.		4.2 NAME:
STREET ADDRESS: 6060 PELICAN BAY BLVD., #102		4.3 STREET ADDRESS:
CITY-ST-ZIP: NAPLES FL		4.4 CITY-ST-ZIP:
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHEPHERD, MICHAEL		5.2 NAME:
STREET ADDRESS: 6000 PELICAN BAY BLVD, #702		5.3 STREET ADDRESS:
CITY-ST-ZIP: NAPLES FL		5.4 CITY-ST-ZIP:
TITLE: PD	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONRAD, ALLEN		6.2 NAME:
STREET ADDRESS: 6040 PELICAN BAY BLVD, #303		6.3 STREET ADDRESS:
CITY-ST-ZIP: NAPLES FL		6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen Connelly, Sec Date: 4/18/96 (941) 434 7447

CR2E037 (12/95)

CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.

ADDITION:

DIRECTOR

ANDERSON, BYRON
6060 PELICAN BAY BOULEVARD B-303
NAPLES, FL 33963