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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 749089  
1. Corporation Name  
CHATEAUMERE CONDOMINIUM ASSOC., INC.

Principal Place of Business: 3435 10th St. N #201 Naples, FL 34103  
Mailing Address: 3435 10th St. N. #201 Naples, FL 34103

3. Date Incorporated or Qualified: 9-26-99  
3a. Date of Last Report

2. Principal Place of Business: Integrated Property Mgt.  
2a. Mailing Address: Integrated Property Mgt.

4. FEI Number: 59-2047915  
Applied For: Not Applicable

22. 3435 10th St. N. #201  
City & State: Naples, FL

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

23. Naples, FL  
Zip: 34103 Country: USA

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

24. 34103 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
Swalm, John  
2375 Tamiami Tr. N. #308  
Naples, FL 33940

10. Name and Address of New Registered Agent  
81 Name: Becker & Poliakoff  
82 Street Address: 3003 Tamiami Tr. N. #210  
83  
84 City: Naples FL 85 Zip Code: 34103

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] DATE: 4/11/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE: VPD	NAME: DeFreest, Lynn	<input type="checkbox"/>
STREET ADDRESS: 6000 Pelican Bay Blvd C-1103	CITY-STATE-ZIP: Naples, FL	
TITLE: PD	NAME: Wiethman, Gilbert	<input type="checkbox"/>
STREET ADDRESS: 6000 Pelican Bay Blvd #101	CITY-STATE-ZIP: Naples, FL	
TITLE: STD	NAME: Levenson, Donald	<input type="checkbox"/>
STREET ADDRESS: 6000 Pelican Bay Blvd B-203	CITY-STATE-ZIP: Naples, FL	
TITLE: D	NAME: Lang, Wesley	<input checked="" type="checkbox"/>
STREET ADDRESS: 6000 Pelican Bay Blvd B-102	CITY-STATE-ZIP: Naples, FL	
TITLE: D	NAME: Shepherd, Michael	<input type="checkbox"/>
STREET ADDRESS: 6000 Pelican Bay Blvd C-702	CITY-STATE-ZIP: Naples, FL	
TITLE: PD	NAME: Conra, Allen	<input checked="" type="checkbox"/>
STREET ADDRESS: 6040 Pelican Bay Blvd D-303	CITY-STATE-ZIP: Naples, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE: VPD	1.2 NAME: DeFreest, Lynn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS: 6000 Pelican Bay Blvd C-1103	1.4 CITY-STATE-ZIP: Naples, FL 34108		
2.1 TITLE: PD	2.2 NAME: Wiethman, Gilbert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS: 6000 Pelican Bay Blvd C-101	2.4 CITY-STATE-ZIP: Naples, FL 34108		
3.1 TITLE: D	3.2 NAME: Levenson, Donald	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS: 6000 Pelican Bay Blvd B-203	3.4 CITY-STATE-ZIP: Naples, FL 34108		
4.1 TITLE: SD	4.2 NAME: Anderson, Byron	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS: 6000 Pelican Bay Blvd B-303	4.4 CITY-STATE-ZIP: Naples, FL 34108		
5.1 TITLE: TD	5.2 NAME: Shepherd, Michael	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS: 6000 Pelican Bay Blvd C-702	5.4 CITY-STATE-ZIP: Naples, FL 34108		
6.1 TITLE: D	6.2 NAME: Johnson, Ken	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS: 6000 Pelican Bay Blvd C-804	6.4 CITY-STATE-ZIP: Naples, FL 34108		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 4/11/97  
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