

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business		Mailing Address	
INTEGRATED PROPERTY MGMT. 3435 10TH ST. N. #201 NAPLES FL 34103 US		INTEGRATED PROPERTY MGMT. 3435 10TH ST. N. #201 NAPLES FL 34103 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	09/26/1979	59-2047915
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	7. Is this nonprofit corporation a homeowners association?	
24	25	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF  
3003 TAMiami TR. N. #210  
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD DEFREEST, LYNN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFREEST, LYNN	1.2 NAME	
STREET ADDRESS	6000 PELICAN BAY BLVD., C1103	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIETHAM, GILBERT	2.2 NAME	
STREET ADDRESS	6000 PELICAN BAY BLVD C-101	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENSON, DONALD	3.2 NAME	
STREET ADDRESS	6060 PELICAN BAY BLVD, B203	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BYRON	4.2 NAME	
STREET ADDRESS	6060 PELICAN BAY BLVD, B303	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	4.4 CITY-ST-ZIP	
TITLE	TD	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 34108	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEN	6.2 NAME	
STREET ADDRESS	6000 PELICAN BAY BLVD C-804	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ 3/31/98 941-546-9924

CR2E037 (10/97)