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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749089

1. Corporation Name

CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 INTEGRATED PROPERTY MGMT.
 3435 10TH ST. N. #201
 NAPLES FL 34103
 US

Mailing Address
 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	
21		26		09/26/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2047915	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF 3003 TAMAMI TR. N. #210 NAPLES FL 34103				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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, MICHAEL	5.2 NAME	Shepherd, Michael
STREET ADDRESS	6000 PELICAN BAY BLVD, #702	5.3 STREET ADDRESS	6000 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL 34108	5.4 CITY-ST-ZIP	Naples, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, KEN	6.2 NAME	T/D Novak, Joseph
STREET ADDRESS	6000 PELICAN BAY BLVD C-804	6.3 STREET ADDRESS	6020 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL 34108	6.4 CITY-ST-ZIP	Naples, FL

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/15/99 DAYTIME PHONE #: 941-434-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)