

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90023 006 ****61.25

DOCUMENT # 749089

1. Entity 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 34103-3815
 US



2. Principal Place of Business

3. Mailing Address

Southwest Prop. Mgmt. Corp *Southwest Prop Mgmt Corp.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1044 Castello Dr. Suite 206 *1044 Castello Dr. Suite 206*

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2047915

Applied For

Not Applicable

Naples, FL

Naples, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip *34103*

Country *US*

Zip *34103*

Country *US*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *Southwest Property Mgmt. Corp.*

Street Address (P.O. Box Number is Not Acceptable)

1044 CASTELLO DRIVE

Suite 206

City *Naples*

FL

Zip Code *34103*

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **DEFREEST, LYNN**
 STREET ADDRESS **6000 PELICAN BAY BLVD., C1103**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **PD** Change Addition
 NAME **PD**
 STREET ADDRESS **PD**
 CITY-ST-ZIP **PD**

TITLE **PD** Delete
 NAME **WIETHAM, GILBERT**
 STREET ADDRESS **6000 PELICAN BAY BLVD C-101**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** Change Addition
 NAME **Good Willrom**
 STREET ADDRESS **6000 Pelican Bay Blvd. C1502**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** Delete
 NAME **LEVENSON, DONALD**
 STREET ADDRESS **6060 PELICAN BAY BLVD, B203**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** Change Addition
 NAME **D**
 STREET ADDRESS **D**
 CITY-ST-ZIP **D**

TITLE **SD** Delete
 NAME **ANDERSON, BYRON**
 STREET ADDRESS **6060 PELICAN BAY BLVD, B303**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** Change Addition
 NAME **D Roellig, David**
 STREET ADDRESS **6000 Pelican Bay Blvd C204**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** Delete
 NAME **SHEPHERD, MICHAEL**
 STREET ADDRESS **6000 PELICAN BAY BLVD**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** Change Addition
 NAME **D**
 STREET ADDRESS **D**
 CITY-ST-ZIP **D**

TITLE **TD** Delete
 NAME **NOVAK, JOSEPH**
 STREET ADDRESS **6000 PELICAN BAY BLVD**
 CITY-ST-ZIP **NAPLES FL**

TITLE **TD** Change Addition
 NAME **TD**
 STREET ADDRESS **TD**
 CITY-ST-ZIP **TD**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, 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: *LYNN DEFREEST*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-13-00* Daytime Phone # *592-1962*

CR2E037 (9/99)