

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90150 009 \*\*\*\*61.25

**DOCUMENT # 749089**

1. Entity Name

**CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**SOUTHWEST PROP MGMT CORP  
 1044 CASTELLO DR STE 206  
 NAPLES FL 34103  
 US**

Mailing Address

**SOUTHWEST PROP MGMT CORP  
 1044 CASTELLO DR STE 206  
 NAPLES FL 34103  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2047915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROP MGMT CORP  
 1044 CASTELLO DR  
 STE 206  
 NAPLES FL 34103**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Hollis Ellis**  
 STREET ADDRESS **6040 Pelican Bay Blvd. D-308**  
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **VD** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE **TD** ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE **D** ☒ Change ☐ Addition

12. 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 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 an other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/13/01 941261-3440**  
 Date Daytime Phone #

CR2E037 (10/00)