

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90040 006 \*\*\*\*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.

03192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2047915

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | DEFREEST, LYNN                 |  |
| STREET ADDRESS | 6000 PELICAN BAY BLVD., C1103  |  |
| CITY-ST-ZIP    | NAPLES, FL 34108               |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | GOOD, WILLIAM                  |  |
| STREET ADDRESS | 6000 PELICAN BAY BLVD C1502    |  |
| CITY-ST-ZIP    | NAPLES, FL 34108               |  |
| TITLE          | D                              | <input checked="" type="checkbox"/> Delete |
| NAME           | GRAHAM, CONNIE                 |  |
| STREET ADDRESS | 6020 PELICAN BAY BLVD. #E- 101 |  |
| CITY-ST-ZIP    | NAPLES, FL 34108               |  |
| TITLE          | TD                             | <input type="checkbox"/> Delete            |
| NAME           | ROELLIG, DAVID                 |  |
| STREET ADDRESS | 6000 PELICAN BAY BLVD C204     |  |
| CITY-ST-ZIP    | NAPLES, FL 34108               |  |
| TITLE          | VD                             | <input type="checkbox"/> Delete            |
| NAME           | ELLIS, HOLIS                   |  |
| STREET ADDRESS | 6040 PELICAN BAY BLVD, D-305   |  |
| CITY-ST-ZIP    | NAPLES, FL 34108               |  |
| TITLE          | SD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | NOVAK, JOSEPH                  |  |
| STREET ADDRESS | 6000 PELICAN BAY BLVD          |  |
| CITY-ST-ZIP    | NAPLES, FL                     |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BOB COLEMAN                   |  |
| STREET ADDRESS | 6060 PELICAN BAY BLVD. # B201 |  |
| CITY-ST-ZIP    | NAPLES, FL 34108              |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FRANK YULE                    |  |
| STREET ADDRESS | 6020 PELICAN BAY BLVD E 204   |  |
| CITY-ST-ZIP    | NAPLES, FL 34108              |  |

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L J DeFREEST 23 March 04 239 592-1962