

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2006
Secretary of State**

DOCUMENT# 749089

Entity Name: CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2047915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEFREEST, LYNN
Address: 6000 PELICAN BAY BLVD., C1103
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: GOOD, WILLIAM
Address: 6000 PELICAN BAY BLVD C1502
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: COLEMAN, BOB
Address: 6060 PELICAN BAY BLVD #8201
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: ROELLIG, DAVID
Address: 6000 PELICAN BAY BLVD C204
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ELLIS, HOLIS
Address: 6040 PELICAN BAY BLVD, D-305
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: YULE, FRANK
Address: 6020 PELICAN BAY BLVD E-204
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEFREEST, LYNN
Address: 6000 PELICAN BAY BLVD., C1103
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: COLEMAN, BOB
Address: 6060 PELICAN BAY BLVD #8201
City-St-Zip: NAPLES, FL 34108

Title: T (X) Change () Addition
Name: ROELLIG, DAVID
Address: 6000 PELICAN BAY BLVD C204
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN DEFREEST

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date