

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749089

FILED  
Apr 13, 2011  
Secretary of State

**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:** P  
**Name:** DEFREEST, LYNN  
**Address:** 6000 PELICAN BAY BLVD., C1103  
**City-St-Zip:** NAPLES, FL 34108

**Title:** D  
**Name:** MILLER, RICHARD  
**Address:** 6080 PELICAN BAY BLVD A403  
**City-St-Zip:** NAPLES, FL 34108

**Title:** D  
**Name:** BANFIELD, WILLIAM  
**Address:** 6020 PELICAN BAY BLVD E404  
**City-St-Zip:** NAPLES, FL 34108

**Title:** T  
**Name:** VAN BENSCHOTEN, HARRY  
**Address:** 6060 PELICAN BAY BLVD B302  
**City-St-Zip:** NAPLES, FL 34108

**Title:** SEC  
**Name:** BHIMJI, NAZMUDDIN  
**Address:** 6000 PELICAN BAY BLVD, C1102  
**City-St-Zip:** NAPLES, FL 34108

**Title:** V  
**Name:** BARRY, BROWN  
**Address:** 6000 PELICAN BAY BLVD., UNIT 401  
**City-St-Zip:** NAPLES, FL 34108

I hereby 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 all other like empowered.

**SIGNATURE:** LYNN DEFREEST

P

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date