

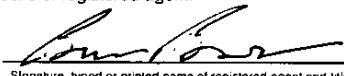



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 027 ****61.25

DOCUMENT # 766331 1. Entity Name CHANTECLAIRE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 92 CHANTECLAIRE CR. GULF BREEZE, FL 32561			Mailing Address PO BOX 913 GULF BREEZE, FL 32562		
2. Principal Place of Business 110 CHANTECLAIRE CIR		3. Mailing Address 110 CHANTECLAIRE CIR		50041824 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02282005 Chg-NP CR2E037 (10/03)	
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL		4. FEI Number 59-2366372	
Zip 32561		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32561		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, ED. III 92 CHANTECLAIRE CR. GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name BRUCE BURROWS Street Address (P.O. Box Number is Not Acceptable) 110 CHANTECLAIRE CIR City GULF BREEZE FL Zip Code 32561	
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  4-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DS BURROWS, GAY 110 CHANTECLAIRE CR GULF BREEZE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HECKATHORN, P 103 CHANTECLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SISLEY, SKIP 115 CHANTECLAIRE CIR. GULF BREEZE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURROWS BRUCE 110 CHANTECLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, ED III. 10 GILMORE DR. GULF BREEZE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZEAR DENNIS 90 CHANTECLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHALTER, JEFF 94 CHANTECLAIRE CR GULF BREEZE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHALTER, JEFF 94 CHANTECLAIRE CIR GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, PAUL 125 CHANTECLAIRE CIR GULF BREEZE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREECH, JIM 84 CHANTECLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE:  BRUCE BURROWS 4/19/05 850-932-8905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					