
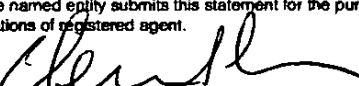
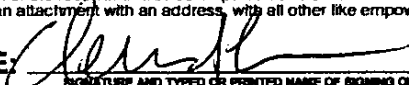


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90064 047 ****61.25

DOCUMENT # 766331 1. Entity Name CHANTECLAIRE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110 CHANTECLAIRE CIR GULF BREEZE, FL 32561			Mailing Address 110 CHANTECLAIRE CIR GULF BREEZE, FL 32561		
2. Principal Place of Business 90 Chanteclaire Circle		3. Mailing Address 90 Chanteclaire Circle			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		4. FEI Number 59-2366372	
Zip 32561		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURROWS, BRUCE 110 CHANTECLAIR CIR GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Dennis Lazeur Street Address (P.O. Box Number is Not Acceptable) 90 Chanteclaire Circle 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 HECKATHON, P 103 CHANTACLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BORROWS, BRUCE 114 CHANTACLAIRE CIR GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZEUR, DENNIS 90 CHANTACLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHALTER, JEFF 94 CHANTECLAIRE CR GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREECH, JIM 84 CHANTACLAIRE CIR GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL PRICE 85 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAZEUR, DENNIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 exemptions contained 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 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 		Date 2/15/06 Daytime Phone # 850 5293576			