



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90032 043 ****61.25

DOCUMENT # 766331 1. Entity Name CHANTECLAIRE HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 90 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561			Mailing Address 90 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		04042008 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number 59-2366372		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent LAZEAR, DENNIS 90 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008			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			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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS HECKATHON, P 103 CHANTACLAIRE CIR GULF BREEZE, FL 32561			TITLE NAME STREET ADDRESS CITY-ST-ZIP DT FOSTER, DANA 91 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LAZEAR, DENNIS 90 CHANTACLAIRE CIR GULF BREEZE, FL 32561			TITLE NAME STREET ADDRESS CITY-ST-ZIP D BOEHM, RICHARD 90 FAIRPOINT DRIVE GULF BREEZE, FL 32561			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CUTRONE, FABRIZIO 93 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561			TITLE NAME STREET ADDRESS CITY-ST-ZIP D PRICE, MICHAEL 85 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561			
SIGNATURE: <i>Dana Foster</i>			Date: <i>4-14-08</i> Daytime Phone #: <i>850 932 0521</i>			