

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14004 (8)

1. Corporation Name

**CHARTLEY COURT HOMEOWNERS ASSOCIATION, INC. % LI
GHTHOUSE MANAGEMENT & REALTY**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
830 SOUTH TAMiami TRAIL OSPREY FL 34229 US	830 SOUTH TAMiami TRAIL OSPREY FL 34229 US

3. Date Incorporated or Qualified 03/24/1986	3a. Date of Last Report 04/06/1994
4. FEI Number 59-2729719	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**LIGHTHOUSE MANAGEMENT & REALTY
830 SOUTH TAMiami TRAIL
OSPREY FL 34229**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MUNDT, LARRY
STREET ADDRESS	396 S. CHARTLEY CT.
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	ASD
NAME	BENFIELD, JAN
STREET ADDRESS	1272 KIRKWOOD LN
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	COHEN, MARY
STREET ADDRESS	375 CHARTLEY CT SOUTH
CITY - ST - ZIP	SARASOTA FL
TITLE	VPD
NAME	FREY, RICHARD
STREET ADDRESS	375 CHARTLEY CT. SOUTH
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	CLEPHANE, WILBUR
STREET ADDRESS	375 CHARTLEY CT S
CITY - ST - ZIP	SARASOTA FL
TITLE	ASD
NAME	KEITH, J. LLOYD
STREET ADDRESS	830 S. TAMiami TRAIL
CITY - ST - ZIP	OSPREY FL 34229

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George Ronka	
1.3 STREET ADDRESS	202 Chartley Ct. North	
1.4 CITY - ST - ZIP	Sarasota, FL 34232	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elizabeth Harp	
2.3 STREET ADDRESS	235 Chartley Ct. North	
2.4 CITY - ST - ZIP	Sarasota, FL 34232	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Frey	
4.3 STREET ADDRESS	375 Chartley Ct. South	
4.4 CITY - ST - ZIP	Sarasota, FL	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Phyllis Shoop - Hague	
5.3 STREET ADDRESS	293 Chartley Ct. North	
5.4 CITY - ST - ZIP	Sarasota, FL 34232	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(K), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE _____
Signature, typed or printed name of signing officer or director