

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N14004 (8)

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



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

3. Date Incorporated or Qualified **03/24/1986** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2729719</b>	Applied For Not Applicable
22 Suite Apt. #, etc. <b>16 Church St</b>	27 Suite Apt. #, etc. <b>16 Church St</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 State	86 Zip Code
	<b>16 Church St</b>		<b>Osprey</b>	<b>FL</b>	<b>34229</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* Agent DATE: **4-3-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	<b>VR</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RONKA, GEORGE</b>	1.2 NAME	<b>Testa, JoAnn</b>
STREET ADDRESS	<b>202 CHARTLEY COURT NORTH</b>	1.3 STREET ADDRESS	<b>4411 Bee Ridge Rd #613</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34233</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARP, ELIZABETH</b>	2.2 NAME	
STREET ADDRESS	<b>235 CHARTLEY COURT NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Pres. D.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COHEN, MARY</b>	3.2 NAME	<b>Rumsey, Robert</b>
STREET ADDRESS	<b>375 CHARTLEY CT SOUTH</b>	3.3 STREET ADDRESS	<b>406 Chartley Ct</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<b>VP/S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREY, RICHARD</b>	4.2 NAME	<b>D Gray, Irma</b>
STREET ADDRESS	<b>375 CHARTLEY COURT SOUTH</b>	4.3 STREET ADDRESS	<b>308 Chartley Ct. N.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	<b>Sarasota FL 34232</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOOP-HAQUE, PHYLLIS</b>	5.2 NAME	
STREET ADDRESS	<b>293 CHARTLEY COURT NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEITH, J. LLOYD</b>	6.2 NAME	
STREET ADDRESS	<b>830 S. TAMiami TRAIL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	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 119.07(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: *[Signature]* Agent DATE: **4-3-96** 941 966 6844

CR2E037 (12/95)