

FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14004 (8)
1. Corporation Name
**CHARTLEY COURT HOMEOWNERS ASSOCIATION, INC. % LI
GHTHOUSE MANAGEMENT & REALTY**



Principal Place of Business 308 308 SOUTH TAMMAM TRAIL 46 CHURCH ST OSPREY FL 34229 US	Mailing Address 308 N. CHARTLEY COURT C/O ADI PROPERTY MGT P.O. BOX 10714 BRADENTON FL 34282 US
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3. Date Incorporated or Qualified 03/24/1986	
4. FEI Number 59-2729719	Applied For 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MARONE
MARONE, ROBERT
570 57TH AVE WEST
#107
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	NAME JO ANNE TESTA	1.1 TITLE	1.2 NAME
STREET ADDRESS 4411 BEE RIDGE ROAD, #6131	CITY-ST-ZIP SARASOTA FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE SD	NAME ROBERT RUMSEY	2.1 TITLE	2.2 NAME
STREET ADDRESS 406 CHARTLEY CT	CITY-ST-ZIP SARASOTA FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME NIGHTSWONGER, CONSTANCE	3.1 TITLE	3.2 NAME
STREET ADDRESS 235 CHARTLEY CT NORTH	CITY-ST-ZIP SARASOTA FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE VPD	NAME FREY, RICHARD	4.1 TITLE	4.2 NAME
STREET ADDRESS 375 CHARLEY COURT SOUTH	CITY-ST-ZIP SARASOTA FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE P	NAME IRMA GRAY	5.1 TITLE	5.2 NAME
STREET ADDRESS 308 CHARTLEY CT, N	CITY-ST-ZIP SARASOTA FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE ASD MARONE	NAME MARONE, ROBERT	6.1 TITLE	6.2 NAME
STREET ADDRESS 570 57TH AVE WEST	CITY-ST-ZIP BRADENTON FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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14. 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 annual report 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: *Robert Marone* **ROBERT MARONE** 1/9/98 941-756-0401

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