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FILING INFORMATION

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

99 MAR 22 AM 10:36
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DOCUMENT # N14004
 1. Corporation Name
CHARTLEY COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **308 N CHARTLEY CT, SARASOTA FL 34232, US**
 Mailing Address: **C/O ADI PROPERTY MGT, P.O. BOX 10714, BRADENTON FL 34282, US**



21. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
23. City & State	28. City & State	5. Certificate of Status Desired
24. Zip	29. Zip	6. Election Campaign Financing
25. Country	30. Country	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARONE, ROBERT 570 57TH AVE WEST # 107 BRADENTON FL 34207	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 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: _____ DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	JO ANN TESTA	1.2 NAME	
STREET ADDRESS	4411 BEE RIDGE ROAD, #6131	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD
NAME	ROBERT RUMSEY	2.2 NAME	BLANE ALTSTAEFER
STREET ADDRESS	406 CHARTLEY CT	2.3 STREET ADDRESS	496 S. CHARTLEY COURT
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL
TITLE	D	3.1 TITLE	
NAME	NIGHTSWONGER, CONSTANCE	3.2 NAME	
STREET ADDRESS	235 CHARTLEY CT NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	D
NAME	FREY, RICHARD	4.2 NAME	ALMA FREY
STREET ADDRESS	375 CHARTLEY COURT SOUTH	4.3 STREET ADDRESS	375 CHARTLEY COURT SO.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL
TITLE	P	5.1 TITLE	
NAME	IRMA GRAY	5.2 NAME	
STREET ADDRESS	308 CHARTLEY CT, N	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	ASD	6.1 TITLE	AS
NAME	MARONE, ROBERT	6.2 NAME	MARONE, Robert
STREET ADDRESS	570 57TH AVE WEST	6.3 STREET ADDRESS	570 57th AVE W 107
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	BRADENTON FL

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 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 at the receipt of 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 in an attachment with an address, with all other like empowered

SIGNATURE: Robert Marone DATE: 10/99 PHONE: 941-756-0401

CR2E037 (11/98)