

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90149 008 ****61.25

DOCUMENT # N14004

1. Entity Name

CHARTLEY COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

308 N CHARTLEY CT
 16 CHURCH ST
 SARASOTA FL 34232
 US

C/O ADI PROPERTY MGT
 P.O BOX 10714
 BRADENTON FL 34282-0714
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2729719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARONE, ROBERT
570 57TH AVE WEST
#107
BRADENTON FL 34207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **JO ANNE TESTA**
 STREET ADDRESS **4411 BEE RIDGE ROAD, #6131**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ALTSTAETTER, BLANE**
 STREET ADDRESS **496 S. CHARTLEY COURT**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** Change Addition
 NAME **STRAW SHARON**
 STREET ADDRESS **374 CHARTLEY COURT SOUTH**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** Delete
 NAME **NIGHSWONGER, CONSTANCE**
 STREET ADDRESS **235 CHARTLEY CT NORTH**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** Change Addition
 NAME **NANNY LESLIE**
 STREET ADDRESS **293 CHARTLEY COURT NORTH**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** Delete
 NAME **FREY, ALMA**
 STREET ADDRESS **375 CHARLEY COURT SOUTH**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **IRMA GRAY**
 STREET ADDRESS **308 CHARTLEY CT, N**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **MARONE, ROBERT**
 STREET ADDRESS **570 57TH AVE WEST, #107**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MARONE

Date

Daytime Phone #

2/29/00 941-756-0901