

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90291 025 ****61.25

DOCUMENT # N14004

1. Entity Name

CHARTLEY COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

308 N CHARTLEY CT
 16 CHURCH ST
 SARASOTA FL 34232
 US

Mailing Address

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

00013776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2729719

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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	<input checked="" type="checkbox"/> Delete
NAME	JO ANNE TESTA	
STREET ADDRESS	4411 BEE RIDGE ROAD, #6131	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAW, SHARON	
STREET ADDRESS	374 CHARTLEY CT SOUTH	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NANNY, LESLIE	
STREET ADDRESS	293 CHARTLEY CT NORTH	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREY, ALMA	
STREET ADDRESS	375 CHARLEY COURT SOUTH	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	IRMA GRAY	
STREET ADDRESS	308 CHARTLEY CT, N	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARONE, ROBERT	
STREET ADDRESS	570 57TH AVE WEST, #107	
CITY-ST-ZIP	BRADENTON FL	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DAN	
STREET ADDRESS	426 CHARTLEY COURT SOUTH	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **ROBERT MARONE** 1/20/01 941-756-0401

Date

Daytime Phone

CR2E037 (10/00)