

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 # **N18982** (1)
1. Corporation Name
CHANTECLAIR OF PELICAN BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **5936 CHANTECLAIR DRIVE NAPLES FL 33963-3103**
Mailing Address: **5936 CHANTECLAIR DRIVE NAPLES FL 33963-3103**

3. Date Incorporated or Qualified: **01/28/1987**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-2836310**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON R. C.
5936 CHANTECLAIR DRIVE
NAPLES FL 33963**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, I, the undersigned, being a resident of this state, do hereby certify that I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, in connection with the filing of this report. I hereby accept the appointment as registered agent. I am

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ANDERSEN, ROBERT C.	
STREET ADDRESS	5936 CHANTECLAIR DRIVE	
CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAYNARD, JAYNE F.	
STREET ADDRESS	5916 CHANTECLAIR DRIVE	
CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT	
STREET ADDRESS	5928 CHANTECLAIR DRIVE	
CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEROY, LEONARD	
STREET ADDRESS	5920 CHANTECLAIR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PATRICK COLETTA	
STREET ADDRESS	5917 CHANTECLAIR DR	
CITY-ST-ZIP	NAPLES, FL. 33963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1		
1.2		
1.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is 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: *Robert C. Andersen* **ROBERT C. ANDERSEN** 2/24/96 598-1863
Date: _____ Daytime Phone # _____

CR2E037 (12/95)