

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90357 013 ****61.25

DOCUMENT # N18982
 1. Entity Name
CHANTECLAIR OF PELICAN BAY HOMEOWNERS ASSOCIATIO

Principal Place of Business 5936 CHANTECLAIR DRIVE NAPLES FL 34108 US	Mailing Address 5936 CHANTECLAIR DRIVE NAPLES FL 34108 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2836310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ANDERSON R. C.
 5936 CHANTECLAIR DRIVE
 NAPLES FL 34108-3103**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME PTD ANDERSEN, ROBERT C.	<input type="checkbox"/> Delete
STREET ADDRESS 5936 CHANTECLAIR DRIVE	
CITY-ST-ZIP NAPLES, FL 33963 34108	
TITLE NAME SD MAYNARD, JAYNE F.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5916 CHANTECLAIR DRIVE	
CITY-ST-ZIP NAPLES, FL 33963 34108	
TITLE NAME VD HOUHOULIS, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 5924 CHANTECLAIR DR	
CITY-ST-ZIP NAPLES FL 34108	
TITLE NAME VD MARTIN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 5945 CHANTECLAIR DR	
CITY-ST-ZIP NAPLES FL 34108	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME S PATRICIA MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5945 CHANTECLAIR DR.	
CITY-ST-ZIP NAPLES, FL 34108	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert C. Andersen (ROBERT C. ANDERSEN) 3/1/01 (941-598-1863)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)