

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749089

Entity Name: CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SOUTHWEST PROP MGMT CORP
1044 CASTELLO DR STE 206
NAPLES, FL 34103**Current Mailing Address:**SOUTHWEST PROP MGMT CORP
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US**FEI Number: 59-2047915****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST PROP MGMT CORP
1044 CASTELLO DR
STE 206
NAPLES, FL 34103 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	RUSSELL, GEORGE
Address	6040 PELICAN BAY BLVD., D305
City-State-Zip:	NAPLES FL 34108

Title	P
Name	THOMPSON, TERRY
Address	6000 PELICAN BAY BLVD., C602
City-State-Zip:	NAPLES FL 34108

Title	VP
Name	MALTBY, WILLIAM
Address	6000 PELICAN BAY BLVD., C-1002
City-State-Zip:	NAPLES FL 34108

Title	D
Name	POLLOK, JOHN
Address	6000 PELICAN BAY BLVD., C-902
City-State-Zip:	NAPLES FL 34108

Title	S
Name	SHARFMAN, STEVE
Address	6040 PELICAN BAY BLVD, 3D203
City-State-Zip:	NAPLES FL 34108

Title	D
Name	WATERHOUSE, TRENT
Address	6080 PELICAN BAY BLVD #A102
City-State-Zip:	NAPLES FL 34108

Title	D
Name	HEPBURN , PATTY
Address	6000 PELICAN BAY BLVD., #C207
City-State-Zip:	NAPLES FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRY THOMPSON**P****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date