

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766331

**Entity Name:** CHANTECLAIRE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**129 CHANTECLAIRE CIR  
GULF BREEZE, FL 32561**Current Mailing Address:**300 BEAR DRIVE  
GULF BREEZE, FL 32561**FEI Number:** 59-2366372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOGAN, C.FLACK  
129 CHANTECLAIRE CIR  
GULF BREEZE, FL 32561 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	PS
Name	LOGAN, C.FLACK
Address	129 CHANTECLAIRE CIR
City-State-Zip:	GULF BREEZE FL 32561

Title	DT
Name	CUTRONE, FABRIZIO
Address	93 CHANTECLAIRE CIR
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	PEAT, BRITT ANNE
Address	84 CHANTECLAIRE CIR
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	HECKATHORN, PETER
Address	103 CHANTECLAIRE CIR
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	PRICE, MICHAEL
Address	85 CHANTECLAIRE CIRCLE
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	WOLFE, BERNADETTE
Address	99 CHANTECLAIRE CIRCLE
City-State-Zip:	GULF BREEZE FL 32561

*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:** C. FLACK LOGAN**PRESIDENT****01/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date