

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005152

Entity Name: CHADWYCK SQUARE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103**Current Mailing Address:**2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103 US**FEI Number: 36-4108212****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAMBRIDGE MANAGEMENT OF SWFL
2335 TAMIAMI TRAIL NORTH
SUITE 402
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 | DIRECTOR |
| Name | HOGAN, JAMES |
| Address | 2335 TAMIAMI TRAIL NORTH, SUITE 402 |
| City-State-Zip: | NAPLES FL 34103 |

| | |
|-----------------|-------------------------------------|
| Title | VP |
| Name | LANSDEN, THOMAS |
| Address | 2335 TAMIAMI TRAIL NORTH, SUITE 402 |
| City-State-Zip: | NAPLES FL 34103 |

| | |
|-----------------|-------------------------------------|
| Title | TREASURER |
| Name | GREER, JOE |
| Address | 2335 TAMIAMI TRAIL NORTH, SUITE 402 |
| City-State-Zip: | NAPLES FL 34103 |

| | |
|-----------------|-------------------------------------|
| Title | P |
| Name | GLATT, GARY |
| Address | 2335 TAMIAMI TRAIL NORTH, SUITE 402 |
| City-State-Zip: | NAPLES FL 34103 |

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|-----------------|-------------------------------------|
| Title | SECRETARY |
| Name | FRIDH, KYLE |
| Address | 2335 TAMIAMI TRAIL NORTH, SUITE 402 |
| City-State-Zip: | NAPLES FL 34103 |

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: GARY GLATT**PRESIDENT****03/31/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date