

**2020 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 S  
Name HOGAN, JAMES  
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 DIRECTOR  
Name FRIDH, KYLE  
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 P  
Name GLATT, GARY  
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**

**04/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date