


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 039 ****61.25

DOCUMENT # 711182 1. Entity Name THE CHATEAU OF NAPLES, INC.					
Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105			Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1156346	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRACEY, ROBERT 187 FOREST LAKES BLVD NAPLES, FL 34105				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVENS, JOHN		NAME		
STREET ADDRESS	2151 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CALLAHAN, JOHN		NAME	MAIER, RICHARD	
STREET ADDRESS	2151 GULF SHORE BLVD N #101		STREET ADDRESS	2151 GULF SHORE BLVD #306	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, FRANCES A.		NAME		
STREET ADDRESS	2151 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETTER, BEATRIX		NAME	WINTER NORBERT	
STREET ADDRESS	2151 GULF SHORE BLVD N		STREET ADDRESS	2151 GULF SHORE BLVD #110	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, GLASS		NAME		
STREET ADDRESS	2151 GULF SHORE BLVD N #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Frances A. Becker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-19-06 Date		
FRANCES A. BECKER			Daytime Phone #		

40061086



03082006 Chg-NP CR2E037 (11/05)