

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90009 043 \*\*\*\*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**

**66013943**



**DO NOT WRITE IN THIS SPACE**

04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1156346**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRACEY, ROBERT  
187 FOREST LAKES BLVD  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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

*Frances A. Becker*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-22-08*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAVENS, JOHN  
2151 GULF SHORE BLVD N  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
YOUNG, DAVID  
2151 GULF SHORE BLVD #317  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BECKER, FRANCES A.  
2151 GULF SHORE BLVD N  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WINTER, NORBERT  
2151 GULF SHORE BLVD #110  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
THOMAS, GLASS  
2151 GULF SHORE BLVD N #201  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY**

**DO NOT WRITE  
IN THIS SPACE**

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:

*Frances A. Becker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #