2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 716322

Entity Name: CHATEAUX SUR MER IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

JOHN SCHMIDLIN
4665 RUE BELLE MER
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

CHATEAUX SUR MER
P. O. BOX 1292
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1426707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDLIN, JOHN W
4665 RUE BELLE MER
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	FRYMOYER, JOHN	
Address:	4628 RUE BELLE MER	
City-St-Zip:	SANIBEL, FL 33957	
Title:	D	( ) Delete
Name:	ROWE, MARC	
Address:	4747 RUE BELLE MER	
City-St-Zip:	SANIBEL, FL 33957	
Title:	DV	( ) Delete
Name:	SMITH, WHIT	
Address:	4716 RUE BELLE MER	
City-St-Zip:	SANIBEL, FL 33957	
Title:	DT	( ) Delete
Name:	SCHMIDLIN, JOHN W	
Address:	4665 RUE BELLE MER	
City-St-Zip:	SANIBEL, FL 33957	
Title:	DP	( ) Delete
Name:	COPELAND, HELEN	
Address:	4701 RUE BELLE MER	
City-St-Zip:	SANIBEL, FL 33957	
Title:	D	( ) Delete
Name:	ROWLAND, PAM	
Address:	4759 RUE BELLE MER.	
City-St-Zip:	SANIBEL, FL 33957	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SCHMIDLIN TREA 02/04/2009

Electronic Signature of Signing Officer or Director — Date