


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731012</b>			
1. Entity Name <b>CHATELAINE OF NAPLES, INC.</b>			
Principal Place of Business <b>940 3RD ST SO SUITE 201 NAPLES FL 34102 US</b>		Mailing Address <b>940 3RD ST SO SUITE 201 NAPLES FL 34102 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SHERIDAN, ANNE M 940 3RD ST SO SUITE 101 NAPLES FL 34102</b>		4. FEI Number <b>59-1648934</b>	
		Applied For Not Applied	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
7. Name and Address of New Registered Agent		1st MOORE CR2E037 (10/05)	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature is required when re-registering)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SHERIDAN, ANN M		
STREET ADDRESS	940 THIRD ST. SOUTH #101		
CITY-ST-ZIP	NAPLES FL 34102		
TITLE	STD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WALKER, ROBERT E.		
STREET ADDRESS	1367 FISHER RD.		
CITY-ST-ZIP	NEW VIENNA OH 45159		
TITLE	VPD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VOTTA, JANE P		
STREET ADDRESS	940 THIRD STREET SOUTH #201		
CITY-ST-ZIP	NAPLES FL 34102		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
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1st MOORE CR2E037 (10/05)

4. FEI Number **59-1648934**

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

**SHERIDAN, ANNE M  
940 3RD ST SO SUITE 101  
NAPLES FL 34102**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when re-registering)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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**Make Check Payable to Florida Department of State**

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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000431925  Change  Add  
 02/23/06-80049-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Handwritten Signature]*