-2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 8:00 am **DOCUMENT # 731012 Secretary of State** 1. Entity Name 01-31-2007 90051 004 ****61.25 CHATELAINE OF NAPLES, INC. Principal Place of Business Mailing Address 940 3RD ST SO SUITE 201 940 3RD ST SO SUITE 201 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State 4. FEI Number City & State 59-1648934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHERIDAN, ANNE-M Street Address (P.O. Box Number is Not Acceptable) 940 3RD ST SO SUITE 191 NAPLES FL 34102 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 agont. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE; IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Addition PD (Change Delete NAME VOTTA, JANET. NAME SHERIDAN, ANN M 940-280.57.50,- #201 NAPLES,FL. 34102 STREET ADDRESS 940 THIRD ST. SOUTH #101 STREET ADDRESS CITY-ST-74P CITY ST-ZIP NAPLES FL 34102 TRUE STD ☐ Delete TITLE ■ Addition NAME WALKER, ROBERT E. NAME STREET ADDRESS STREET ADDRESS 1367 FISHER RD. CITY - ST - 7/P NEW VIENNA OH 45159 CITY ST-ZIP THE Change Change Addition VPD Delcle NADINE NAME NAME VOTTA, JANE P 940-3RD, ST.So, - #103 STREET ADDRESS STREET ADORESS 940 THIRD STREET SOUTH #201 CHY-SI-ZIP CHY-ST-ZIP NAPLES FL 34102 THE Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP ☐ Delete ☐ Change Addition NAME мам STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIME NAME NAMÉ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY ST-7IP 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.

the - JANEP. VOTTA

SIGNATURE Que

FILED