

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **744272** (6)  
1. Corporation Name  
**CHANTARENE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business: 3338 CHANTARENE DRIVE, PENSACOLA FL 32507, US  
Mailing Address: PO BOX 4749, 4749, PENSACOLA FL 32507, US

3. Date Incorporated or Qualified: 09/14/1978  
3a. Date of Last Report: 02/16/1995  
4. FEI Number: 59-2343994  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**NEVILLE, GEORGIA W.**  
3338 CHANTARENE DRIVE  
PENSACOLA, FL  
32507

10. Name and Address of New Registered Agent  
81 Name: **WILLIAM W. BAXTER**  
82 Street Address (P.O. Box Number is Not Acceptable): **3350 CHANTARENE DRIVE**  
83  
84 City: **PENSACOLA** FL 85 Zip Code: **32507**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *William W. Baxter*  
Signature, typed or printed name of registered agent and title if applicable.

1/19/96  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	DP		
NAME	BAXTER, WILLIAM		
STREET ADDRESS	3350 CHANTARENE DRIVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	DVP		
NAME	HOMYAK, JO		
STREET ADDRESS	3430 CHANTARENE DR		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	DS		
NAME	SMITH, LOIS		
STREET ADDRESS	3370 CHANTARENE DRIVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	DT		
NAME	NEVILLE, GEORGIA W.		
STREET ADDRESS	3338 CHANTARENE DRIVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	D		
NAME	BUEHLER, WILLIAM J.		
STREET ADDRESS	3347 CHANTARENE DRIVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	T		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	P		
3.2 NAME	CERETA, RALPH		
3.3 STREET ADDRESS	3434 CHANTARENE DRIVE		
3.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
4.1 TITLE	S		
4.2 NAME	HOAR, MARGARET		
4.3 STREET ADDRESS	3362 CHANTARENE DRIVE		
4.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
5.1 TITLE	D		
5.2 NAME	EGAN, WILLIAM		
5.3 STREET ADDRESS	3334 CHANTARENE DRIVE		
5.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William W. Baxter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96  
Date

(904)469-3318  
DeVine Phone #

CR2E037 (12/95)