

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Aug 04 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/14/1978</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>59-2343994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3346 CHANTARENE DRIVE</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BAXTER, WILLIAM W**  
**3350 CHANTARENE DRIVE**  
**PENSACOLA, FL**  
**PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81 Name <b>GEORGIA W NEVILLE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3338 CHANTARENE</b>
83
84 City <b>PENSACOLA</b>
85 Zip Code <b>FL 32507</b>

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 Georgia W Neville DATE 7/28/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BAXTER, WILLIAM	
STREET ADDRESS	3350 CHANTARENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOMYAK, JO	
STREET ADDRESS	3430 CHANTARENE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CERETA, RALPH	
STREET ADDRESS	3434 CHANTARENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOAR, MARGARET	
STREET ADDRESS	3362 CHANTARENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGAN, WILLIAM	
STREET ADDRESS	3334 CHANTARENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O. LAMAR DIXON III	
1.3 STREET ADDRESS	3346 CHANTARENE	
1.4 CITY-ST-ZIP	PENSA COLA FL 32507	
2.1 TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES KELLY	
2.3 STREET ADDRESS	3378 CHANTARENE	
2.4 CITY-ST-ZIP	PENSACOLA FL 32507	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LONNIE LORREN	
3.3 STREET ADDRESS	3438 CHANTARENE	
3.4 CITY-ST-ZIP	PENSACOLA FL 32507	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGIA W NEVILLE	
4.3 STREET ADDRESS	3338 CHANTARENE	
4.4 CITY-ST-ZIP	PENSACOLA FL 32507	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEWIS B POLLARK SR	
5.3 STREET ADDRESS	3335 CHANTARENE	
5.4 CITY-ST-ZIP	PENSA COLA FL 32507	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Georgia W Neville DATE 7/28/97 950 457 2338

CR2E037 (4/97)