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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744272

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

09/14/1978

4. FEI Number

59-2343994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEVILLE, GEORGIA W
3338 CHANTARENE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DIXON, O. LAMAR
STREET ADDRESS 3346 CHANTARENE
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE VP
NAME KELLY, JAMES
STREET ADDRESS 3378 CHANTARENE
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE S
NAME LORREN, LONNIE
STREET ADDRESS 3438 CHANTARENE
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE T
NAME NEVILLE, GEORGIA W
STREET ADDRESS 3338 CHANTARENE
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE D
NAME POLLACK, LEWIS B SR
STREET ADDRESS 3335 CHANTARENE
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME MARY ANN BECKMAN
1.3 STREET ADDRESS 3409 CHANTARENE
1.4 CITY-ST-ZIP PENSACOLA FL 32507

Change Addition

2.1 TITLE VP
2.2 NAME ROBER BROWN
2.3 STREET ADDRESS 3343 CHANTARENE
2.4 CITY-ST-ZIP PENSACOLA FL 32507

Change Addition

3.1 TITLE DIRECTOR
3.2 NAME KELLY JAMES
3.3 STREET ADDRESS 3378 CHANTARENE
3.4 CITY-ST-ZIP PENSACOLA FL 32507

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

CECILIA WATKINS REQUIRED Georgia W Neville 2/15/99 850 457 3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)