

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749089

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHATEAUMERE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SOUTHWEST PROP MGMT CORP
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

SOUTHWEST PROP MGMT CORP
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2047915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROP MGMT CORP
1044 CASTELLO DR
STE 206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEFREEST, LYNN
Address: 6000 PELICAN BAY BLVD., C1103
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: MILLER, RICHARD
Address: 6080 PELICAN BAY BLVD A403
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: HOLLIS, ELLIS
Address: 6040 PELICAN BAY BLVD D305
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: ROELLIG, DAVID
Address: 6000 PELICAN BAY BLVD C204
City-St-Zip: NAPLES, FL 34108

Title: SEC () Delete
Name: BHIMJI, NAZMUDDIN
Address: 6000 PELICAN BAY BLVD, C1102
City-St-Zip: NAPLES, FL 34108

Title: V () Delete
Name: BARRY, BROWN
Address: 6000 PELICAN BAY BLVD., UNIT 401
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: VAN BENSCHOTEN, HARRY
Address: 6060 PELICAN BAY BLVD B302
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN DEFREEST

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date