FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

755795

(2)

CHAMBERY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					I LEBUR I DUME MILION DIRECTOR DI COMPONINA POR DE LA COMPONINA POR DEPARA POR DE LA COMPONINA PORTA PORTA POR DE LA COMPONINA PORTA POR	I BISI BIBIS BIDII DIBII BIBII BIBII BIBII SIBI
5037 RINGWOOD MEADOW SARASOTA FL 34235		5037 RINGWOOD MEADOW SARASOTA FL 34235				
					3. Date Incorporated or Qualified 01/08/1981	3a. Date of Last Report 02/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 26 C. H. Att. H. att.				59-2103237	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. 27		Suite, Apt. #, etc.	pt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees	
Ζιρ	Country	Zip	Country	У	8. This corporation has liability for in	
24	25		10			Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			61	Name		
PRATO, JOSEPH R			82	82 Street Address (P.O. Box Number is Not Acceptable)		
5410 CHANTILLY			83			
SARASOTA FL 34235			00			
			84	City		FL 85 Zip Code
11. Pursuant t	a the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes,	the above-	named co	proporation submits this statement for the purp	pose of changing its registered office
or register	ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	 Such change was authorized t 	by the corp	ooration's	board of directors. I hereby accept the appo	intment as registered agent. I am
OLONIATUESE						
	Stylicture, typed or printed name of registered agent a			nt signature r	erjuino when reinstahing"	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
DILE	PD	DELETE	1 1 THILE	DIL	ecron	☐ Change ☑ Addition
NAME	PRATO, JOSEPH R.		1.2 NAME		WILLIAMBRENNAN	
STREET ADDRESS	5037 RINGWOOD MEADOW SARASOTA FL			I ADDRESS	5037 RINGWOODMEN SAMASOTA FL 34	126W
CITY-ST-ZIP THUE	VD	DELETE	1.4 CITY - 2 1 TITLE	SI-ZIP DIXE	1500 C	Change Addition
NAME	EWALD, GLEN		2 2 NAME	- 1.4	OAKNEY PACK	· -
STREET ADDRESS	5037 RINGWOOD MEADOW			f Address	5037 RINGWOOD MEA	
CITY-ST-ZIP	SARASOTA FL		2 4 CITY -		542450+4 FL 34235	
TITLE	SD	DELETE	3 1 TITLE	0. 2		☐ Change ☐ Addition
NAME	STONER, ELIZABETH		3 2 NAME			
STREET ADDRESS	5037 RINGWOOD MEADOW		3 3 STREE	T ADDRESS		
C-TY - ST - ZiP	SARASOTA FL		34 CITY-	ST-ZIP		
TILE	TD	□ DELETE	41 TITLE			Change Addition
NAME	KADE, RICHARD		4 2 NAME			
STREET ADDRESS	5037 RINGWOOD MEADOW		4 3 STREE	1 ADORESS		
CiTY-ST-Z:P	SARASOTA FL		4.4 CITY -	ST-ZIP		
TITLE	D	™ 0ETE1E	5 1 TITLE			Change Addition
NAME	SUTTON, CRAIG		5 2 NAME			
STREET ADDRESS	5037 RINGWOOD MEADOW			I ADDRESS		
CITY-ST-ZIP	SARASOTA FL	DELETE	5 4 CITY-			The DANGE
THE	D COMMENTAL CEDALD	□ DELETE		PRESI	OPNT	Change
NAME CHICCE ADDRESSE	SCHWEMMIN, GERALD		6 2 NAME			
STREET ADDRESS	5037 RINGWOOD MEADOW SARASOTA FL			1 ADDRESS		
CITY-ST-ZIP	CARACULA FL	ith the firm in the state of first	6 4 CITY -	ST-ZIP		77071

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: GERALD SCHWEMMIN C. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

marin 941-317-7126

CR2E037 (12/95)