

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 030 ****61.25

DOCUMENT # 755795

1. Entity Name

CHAMBERY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5037 RINGWOOD MEADOW
SARASOTA FL 34235

Mailing Address

5037 RINGWOOD MEADOW
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2103237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
630 SOUTH ORANGE AVE. STE 300
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D SENGPIEL, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	5409 CHANTILLY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	D LEE, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS	5037 RINGWOOD MEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	PD WINEGAR, DIANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5456 CHAMPAGNE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	VD DANIELS, LORRAINE	<input type="checkbox"/> Delete
STREET ADDRESS	5430 CHAMPAIGNE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	TD NASH, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5327 CHARMES	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	D WHITE, ED	<input type="checkbox"/> Delete
STREET ADDRESS	5422 CHAMPAGNE	
CITY-ST-ZIP	SARASOTA FL 34235	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD WYANT, M. 5416 CHANTILLY SARASOTA, FL. 34235	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Lorraine Daniels LORRAINE DANIELS 2-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #