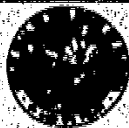


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770538 (7)
1. Corporation Name
CHANTECLAIRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2828 PROCTOR RD.
SARASOTA FL 34231
US 2828 PROCTOR RD.
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1983 3a. Date of Last Report 04/26/1994
4. FEI Number 59-2344284 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER MANAGEMENT SERVICES, INC
2828 PROCTOR RD.
SARASOTA FL 34231

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	POLLAK, STANLEY	1.2 NAME	
STREET ADDRESS	5527 CHANTECLAIRE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	KEEL, ALLEN	2.2 NAME	
STREET ADDRESS	5489 CHANTECLAIRE	2.3 STREET ADDRESS	SD
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	McREYNOLDS, Mary
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MACY, JACK	3.2 NAME	
STREET ADDRESS	5489 CHANTECLAIRE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	BALL, ROBERT	4.2 NAME	
STREET ADDRESS	5570 CHANTECLAIRE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	DONETTI, G. ROBERT	5.2 NAME	
STREET ADDRESS	5476 CHANTECLAIRE	5.3 STREET ADDRESS	GENTNER, Ed
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	5467 Chantecaire
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 president 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed