## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## CHANTECLAIRE CONDOMINIUM ASSOCIATION INC

Principal Place of Business Mailing Address									
2826 PROCTOR RD. SARASOTA FL 34231 US		2828 PROCTOR RD. SARASOTA FL 34231 US			3. Date Incorporated or Qualified  09/30/1983  4. FEI Number  Applied For				
}					59-2344284 Not Applicable				
2. Principal Place of Business 21 2848 Proctor Road			2a. Mailing Address 2b 2848 Proctor Road		Certificate of Status Desired     Sa.75 Additional Fee Regulred				
Suite, Apt #, etc.		Suite, Apt. #, 4	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State		City & State	h		7. Is this nonprofit corporation a homeowners association?  Condo Assoc				
Zip 24	Country 25	Zip 29			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. XYes No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
MILLER MANAGEMENT SERVICES, INC 2828 PROCTOR RD. SARASOTA FL 34231			82	Street Address (P.O. Box Number is Not Acceptable) 2848 Proctor Road					
			83						
			84	City	FL 85 Zip Code				
11. Pursuant t	o the provisions of Sections 617	.0502 and 617.1508, Florida	a Statutes, the abov	e-namec	corporation submits this statement for the purpose of changing its registered				

ts registered registered office or registered agent, or both, in the State of Florida, Study change was authorized by agent. I am familiar with, and accept the obligations of Section 917.0503, Florida Statutes

SIGNATURE Signature, typed of printed name of registered agent and life it applicable (NOTE: Rogistered Agent signature required when reinstating)  DATE  DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	NGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	VD □ DELET	E 1.1 TITLE		Change	Addition					
NAME	Jordan, Kirk a	1.2 NAME								
STREET ADDRESS	5430 CHANTECLAIRE	1.3 STREET ADDRESS								
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP								
TITLE	TD DELET	E 2.1 TITLE		Change	K Addition					
NAME	- LUNEY, PRESTON-	2.2 NAME	McINTIRE, Joyce		:					
STREET ADDRESS	5465-CHANTEGLAIPE	2.3 STREET ADDRESS	5445 Chanteclaire							

SARASOTA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change MOEBUS, C R 3 2 NAME MALIF 5510 CHANTECLAIRE STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE **BRONSTON, WALTER** 4. 2 NAME NAME **5530 CHANTECLAIRE** STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NORWOOD, ABRAHAM 5.2 NAME STREET ADDRESS **5550 CHANTECLAIRE** 5.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**FILED** 

Apr 22 1998 8:00am

Secretary of State