

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90012 026 \*\*\*\*61.25

0051688

**DOCUMENT # 770538**

1. Entity Name

**CHANTECLAIRE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2848 PROCTOR RD  
 SARASOTA FL 34231  
 US

2848 PROCTOR RD  
 SARASOTA FL 34231  
 US

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

**59-2344284**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER MANAGEMENT SERVICES, INC**  
**2848 PROCTOR RD**  
**SARASOTA FL 34231**

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **BRADEN, FRANK**  
 STREET ADDRESS **5542 CHATECLAIRE**  
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete  
 NAME **BAVISOTTO, HELEN**  
 STREET ADDRESS **5503 CHANTECLAIRE**  
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **JORDAN, KIRK**  
 STREET ADDRESS **5430 Chanteclaure**  
 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE **D** ☐ Delete  
 NAME **MOEBUS, BOB**  
 STREET ADDRESS **5510 CHANTECLAIRE**  
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **SD** ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VDLD** ☒ Delete  
 NAME **GOSSET, RONALD**  
 STREET ADDRESS **5511 CHANTECLAIRE**  
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MOEBUS, Lois**  
 STREET ADDRESS **5510 Chanteclaure**  
 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE **PD** ☐ Delete  
 NAME **HULL, MILDEN W**  
 STREET ADDRESS **3312 CHANTECLAIRE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Milden W Hull*  
**MILDEN W HULL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02**  
 Date

**941-923-5811**  
 Daytime Phone #

CR2E037 (9/01)