

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90114 030 ****61.25

DOCUMENT # 770538

1. Entity Name
CHANTECLAIRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2848 PROCTOR RD
SARASOTA, FL 34231 US**

Mailing Address
**2848 PROCTOR RD
SARASOTA, FL 34231 US**

50014395



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2344284

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **TD** ☐ Delete
NAME **BANKAUF, WILLIAM**
STREET ADDRESS **5474 CHANTECLAIRE**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **SD** ☐ Delete
NAME **WHITE, BRANDON**
STREET ADDRESS **5509 CHANTECLAIRE**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **PD** ☒ Delete
NAME **GRUBB, NORMAN**
STREET ADDRESS **5468 CHANTECLAIRE**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **VD** ☒ Delete
NAME **WARD, ROBERT**
STREET ADDRESS **5513 CHANTECLAIRE**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **D** ☐ Delete
NAME **LESLIE, WEB**
STREET ADDRESS **5515 CHANTECLAIRE**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **PD** ☐ Change ☒ Addition
NAME **MATTHEI, WES**
STREET ADDRESS **5417 Chanteclaure**
CITY-ST-ZIP **Sarasota, FL 34235**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William Bankauf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Bankauf

4/18/06

Date

941-923-5811

Daytime Phone #