

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L23032**

1. Entity Name  
**CHOWNE PROPERTIES INC.**



Principal Place of Business  
**3382 SOUTHEAST COURT DRIVE  
STUART, FL 34997**

Mailing Address  
**3382 SOUTHEAST COURT DRIVE  
STUART, FL 34997**



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STEVENSON, JOANNE B  
3382 SOUTHEAST COURT DRIVE  
STUART, FL 34997**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STEVENSON, JOANNE B.
STREET ADDRESS	3352 SE CT DR
CITY-ST-ZIP	STUART, FL 34997
TITLE	PT
NAME	STEVENSON, WILLIAM C II
STREET ADDRESS	12411 BROKEN ARROW
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	VPS
NAME	STEVENSON-TOWNSEND, SANDRA
STREET ADDRESS	7 BOWDEN AVENUE
CITY-ST-ZIP	BARRINGTON, RI 02806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000237256  
02/21/05-80051-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:** Joanne B. Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #