

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01503 (4)

1. Corporation Name

CHASEWOOD NORTH PROPERTY OWNERS' ASSOCIATION, IN
C.



Principal Place of Business

Mailing Address

6539 CHASEWOOD DR
JUPITER FL 33458
US

6539 CHASEWOOD DR
JUPITER FL 33458
US

3. Date Incorporated or Qualified
02/17/1984

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2443766

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, CHARLES R L.
725 N A1A
S E102
JUPITER FL 33477

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOENEMUND, BERNHARD	
STREET ADDRESS	6520 E CHASEWOOD DR	
CITY - ST - ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLENANN, LOU	
STREET ADDRESS	6516 D CHASEWOOD DR	
CITY - ST - ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TEPP, STUART	
STREET ADDRESS	6516-C CHASEWOOD DRIVE	
CITY - ST - ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNECHT, ARTHUR	
STREET ADDRESS	6504 A CHASEWOOD DR	
CITY - ST - ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Y.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOENEMUND, BERNHARD	
1.3 STREET ADDRESS	10329 SANDY RUN	
1.4 CITY - ST - ZIP	JUPITER, FL 33478	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARINO, JEAN	
2.3 STREET ADDRESS	6544-D CHASEWOOD DR.	
2.4 CITY - ST - ZIP	JUPITER, FL 33458	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TEPP, STUART	
3.3 STREET ADDRESS	6516-C CHASEWOOD DR.	
3.4 CITY - ST - ZIP	JUPITER, FL 33458	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUSSELL, LESTER	
4.3 STREET ADDRESS	6548-G CHASEWOOD DR.	
4.4 CITY - ST - ZIP	JUPITER, FL 33458	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART TEPP

2-12-96 407-744-7699

Date

Daytime Phone #

CR2E037 (12/95)