

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28534

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** CHANTECLAIR MAISONETTES OF PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

SW PREOPERTY MANAGEMENT CORP  
1044 CASTELLO DR #206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

SW PROPERTY MANAGEMENT CORP  
1044 CASTELLO DR #206  
NAPLES, FL 34103 US

**Current Mailing Address:**

SW PROPERTY MANAGEMENT CORP  
1044 CASTELLO DR #206  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 65-0102470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR #206  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SANCHEZ, BILL  
Address: 5898 CHANTECLAIR DR #212  
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete  
Name: BLUMEYER, FRANK  
Address: 5895 CHANTECLAIR DR. #121  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: GERALD, HACKETT  
Address: 5895 CHANTECLAIR DRIVE  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK BLUMEYER

P

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date