

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N33276** (9)  
1. Corporation Name  
**CHATSWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O EARL J. HILGER  
6340 RATTLESNAKE HAMMOCK RD., UNIT #3  
NAPLES FL 33962**

**C/O EARL J. HILGER  
6340 RATTLESNAKE HAMMOCK RD., UNIT #3  
NAPLES FL 34113-2805**

3. Date Incorporated or Qualified **07/14/1989** 3a. Date of Last Report **04/10/1996**

4. FEI Number **NOT APPLICABLE** 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

21. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt #, etc. **26** **C/O WILLIAM K GALLMAN JR**

**22** City & State **27** Suite, Apt. #, etc. **4940 6th AVE SW**

**23** Zip **28** City & State **NAPLES FL**

**24** Country **29** Zip **34119** **30** Country **USA**

9. Name and Address of Current Registered Agent  
**HILGER, EARL J.  
6340 RATTLESNAKE HAMMOCK RD.  
UNIT #3  
NAPLES FL 33962**

10. Name and Address of New Registered Agent  
**81** Name **WILLIAM K GALLMAN JR**

**82** Street Address (P.O. Box Number is Not Acceptable) **4940 6th AVE SW**

**84** City **NAPLES** **FL** **85** Zip Code **34119**

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 *William K Gallman Jr* **WILLIAM K GALLMAN JR** DATE **4/11/97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HILGER, EARL J.	
STREET ADDRESS	6340 RATTLESNAKE HAMMOCK	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILGER, SONDR	
STREET ADDRESS	6340 RATTLESNAKE HAMMOCK	
CITY-ST-ZIP	NAPLES FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GALLMAN, WILLIAM K., JR.	
STREET ADDRESS	4940 6TH AVE. SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4940 6th AVE SW
1.4 CITY-ST-ZIP	NAPLES FL 34119
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4940 6th AVE SW
2.4 CITY-ST-ZIP	NAPLES FL 34119
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William K Gallman Jr* **WILLIAM K GALLMAN JR** DATE **4-11/97** (941) 455-5191

CR2E037 (9/96)