

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**NON PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 JUN -5 PM 1:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Principal Place of Business: **6340 RATTLESNAKE HAMMOCK RD. NAPLES FL 33962**  
 Mailing Address: **4940 6TH AVE SW NAPLES FL 34119 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>4940 TAMARIND RIDGE DR</b>	<b>07/19/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	<b>NAPLES FL</b>	<b>N/A</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country		
			<b>USA</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GALLMAN, WILLIAM K JR 4940 6TH AVE SW NAPLES FL 34119</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				<b>4940 TAMARIND RIDGE DR</b>			
				83.			
				84. City			
				<b>NAPLES</b>			
				85. Zip Code			
				<b>FL 34119</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP HILGER, EARL J.</b>	12 NAME	<b>500002555155 - 0</b>
STREET ADDRESS	<b>4940 6TH AVE SW</b>	13 STREET ADDRESS	<b>-06/10/98 - 01082 - 015</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	14 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<input type="checkbox"/> DELETE	20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD SONDRA HILGER</b>	22 NAME	
STREET ADDRESS	<b>4940 6TH AVENUE SW</b>	21 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ST GALLMAN, WILLIAM K., JR.</b>	32 NAME	
STREET ADDRESS	<b>4940 6TH AVE. SW</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

*(Handwritten signatures and notes)*  
 5-1-98 (641)455-5191