


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 00 NOV 17 AM 11:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N33276**

1. Corporation Name  
**CHATSWOOD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

6340 RATTLESNAKE HAMMOCK RD.  
 NAPLES FL ~~34102~~  
**34113**

~~4940 TAMARIND RIDGE DR.~~  
 NAPLES FL ~~34119~~  
~~US~~



**REINSTATEMENT** *00*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip **34113**      Country **USA**

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.  
**P.O. Box 1141**

City & State  
~~NAPLES~~ **NAPLES FLORIDA**

Zip **34106**      Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**07/14/1989**

5. FEI Number  
**NOT APPLICABLE**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	<del>HILGER, EARL J.</del> <b>William Stackpole</b>	<del>4940 6TH AVE SW</del> <b>1100 SIXTH AVE S SUITE 229 A</b>	<b>NAPLES FL, 34102</b>
D	<del>HILGER, SONDR</del> <b>Wayne McCannless</b>	<del>4940 6TH AVE SW</del> <b>265 DEER WOOD CIRCLE APT 14</b>	<b>NAPLES FL, 34113</b>
DST	<del>GALLMAN, WILLIAM K., JR.</del> <b>A. BERT CROCKER</b>	<del>4940 6TH AVE SW</del> <b>2450 TARPON RD</b>	<b>NAPLES FL 34102</b>
			<b>300003492573--2</b> <del>-12/11/99--01002--023</del> ****236.25 ****236.25 <i>108</i>

8. Name and Address of Current Registered Agent

~~GALLMAN JR, WILLIAM K~~  
**GALLMAN JR, WILLIAM K**  
**4940 TAMARIND RIDGE DR.**  
**NAPLES FL 34119**

9. Name and Address of New Registered Agent

Name **A. BERT CROCKER**

Street Address (P.O. Box Number is Not Acceptable)  
**2450 TARPON RD.**

Suite, Apt. #, Etc.  
**P.O. Box 1141**

City **NAPLES**      State **FL**      Zip Code **34106**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *A. Bert Crocker* **TRUSTEE**      Date **11-13-2000**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** *A. Bert Crocker* **A. BERT CROCKER**      Date **11-13-2000**      Daytime Phone # **793-1548** *(941)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

