

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33276

1. Entity Name

CHATSWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6340 RATTLESNAKE HAMMOCK RD.  
NAPLES FL 34113

Mailing Address

P.O. BOX 1141  
NAPLES FL 34106  
US

2. Principal Place of Business

3. Mailing Address  
745 12 Ave. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Naples, FL 34102

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

34102

Collier

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROCKER, A. BERT  
2450 TARPON ROAD  
NAPLES FL 34106

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
STACKPOOLE, WILLIAM  
1100 SIXTH AVE S., STE 229-A  
NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCCANLESS, WAYNE  
265 DEERWOOD CIRCLE, APT 14  
NAPLES FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004609764-4  
-09/25/01--01020-012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
CROCKER, A. BERT  
2450 TARPON RD  
NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SCOTT B. HARRIS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 20 PM 1:16



DO NOT WRITE IN THIS SPACE

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