

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

06 JUL 26 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33276
1. Corporation Name
Chatswood Condominium Association, Inc.

2. Principal Office Address 7345 Davis Blvd		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State	
Zip 34104	Country Collier	Zip	Country

REINSTATEMENT 03-00

4. Date Incorporated or Qualified To Do Business in Florida 7/14/89	
5. FEI Number 59-368238	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
John C Joanides

Street Address (P.O. Box Number is Not Acceptable)
7345 Davis Blvd

Suite, Apt. #, Etc.
Suite 2

City
Naples

State
FL

Zip Code
34104

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date **7/24/06**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	John C Joanides	261 Seminole Ct	Marco Island, FL 34145
S, T	Catherine A Joanides	261 Seminole Ct	Marco Island, FL 34145

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08/04/06--01040--021 **420.00

10. I certify that I am an officer or director of 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 contained in Chapter 118, 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: _____ Date **7/24/06** Daytime Phone # **239 2504074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR