

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2009  
Secretary of State**

DOCUMENT# N33276

Entity Name: CHATSWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7345 DAVIS BLVD.  
SUITE 2  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

7345 DAVIS BLVD.  
SUITE 2  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 59-3668238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOANIDES, JOHN C  
7345 DAVIS BLVD.  
SUITE 2  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JOANIDES, JOHN C  
Address: 261 SEMINOLE CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: DST      ( ) Delete  
Name: JOANIDES, CATHERINE A  
Address: 261 SEMINOLE CT.  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JOANIDES

PRES

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date