FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39621** **(0)**

1. Corporation Name

CHATHAM SQUARE II, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
110 FIFTH AVE., SOUTH SUITE 201 NAPLES FL 33940 US	6226 TRAIL BLVD. NORTH NAPLES FL 33963 US

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0215008 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1100 FIFTH AVE SOUTH	26 1100 FIFTH AVE. SOUTH
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 201
City & State 23	City & State 28 NAPLES FL
Zip / Country 24 / 25	Zip / Country 29 33940 / 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERT HALL AND ASSOCIATES 1100 FIFTH AVE., S SUITE 201 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE: ROBERT HALL AND ASSOCIATES — DATE: 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DISSALIER, JOHN	1.2 NAME	PETER CARAVASOS	
STREET ADDRESS	7065 DENNIS CIRCLE #F203	1.3 STREET ADDRESS	7025 DENNIS CIRCLE G-305	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BLACK, D.	2.2 NAME		
STREET ADDRESS	7065 DENNIS CIRCLE #F101	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	D T S VP	☒ Change ☐ Addition
NAME	CLARK, JOAN	3.2 NAME		
STREET ADDRESS	7065 DENNIS CIRCLE #F108	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	DVP	4.1 TITLE	D P	☒ Change ☐ Addition
NAME	DEMPSEY, JIM	4.2 NAME		
STREET ADDRESS	6945 DENNIS CIRCLE #I307	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CROWE, RICHARD	5.2 NAME		
STREET ADDRESS	6945 DENNIS CIRCLE, I203	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CHARLAND, BEN	6.2 NAME		
STREET ADDRESS	6945 DENNIS CIRCLE #301	6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B Clark — 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional Phone #)

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