

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39621 1. Corporation Name CHATHAM SQUARE II, INC.	(0)
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Principal Place of Business 11100 SOUTH 5TH AVE SUITE 201 NAPLES FL 33940 US	Mailing Address 1100 SOUTH 5TH AVE STE 201 NAPLES FL 34102-6488 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34102	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34102
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3. Date Incorporated or Qualified 08/22/1990	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0215008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBERT HALL AND ASSOCIATES 1100 FIFTH AVE., S SUITE 201 NAPLES FL 33940
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUFFEL, EDWARD 6945 DENNIS CIRCLE I-303 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTSV CLARK, JOAN 7065 DENNIS CIRCLE #F108 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSBURG, ELAINE 7065 DENNIS CIRCLE F-206 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWE, RICHARD 6945 DENNIS CIRCLE, I203 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARLAND, BEN 6945 DENNIS CIRCLE #301 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DELETED
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DELETED
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DELETED

14. I do 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 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.

CR2E037 (9/96)