

5-1398 B7295 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> N39621 (0) 1. Corporation Name <b>CHATHAM SQUARE II, INC.</b>
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Principal Place of Business <b>11100 SOUTH 5TH AVE SUITE 201 NAPLES FL 34102 US</b>	Mailing Address <b>11100 SOUTH 5TH AVE STE 201 NAPLES FL 34102 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>34102</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 <b>34102</b>
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9. Name and Address of Current Registered Agent <b>ROBERT HALL AND ASSOCIATES 1100 FIFTH AVE., S SUITE 201 NAPLES FL 34102</b>
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3. Date Incorporated or Qualified <b>08/22/1990</b>	
4. FEI Number <b>65-0215008</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>34102</b>
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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
NAME	STREET ADDRESS
CITY-ST-ZIP	
<b>DV</b>	<b>DRUFFEL, EDWARD</b>
<input checked="" type="checkbox"/> DELETE	<b>6645 DENNIS CIRCLE I-303</b>
	<b>NAPLES FL</b>
<b>DT</b>	<b>CLARK, JOAN</b>
<input type="checkbox"/> DELETE	<b>7065 DENNIS CIRCLE #F108</b>
	<b>NAPLES FL</b>
<b>D</b>	<b>VOSBURG, ELAINE</b>
<input checked="" type="checkbox"/> DELETE	<b>7065 DENNIS CIRCLE F-208</b>
	<b>NAPLES FL</b>
<b>DS</b>	<b>CROWE, RICHARD</b>
<input type="checkbox"/> DELETE	<b>6645 DENNIS CIRCLE, I203</b>
	<b>NAPLES FL</b>
<b>DP</b>	<b>CHARLAND, BEN</b>
<input type="checkbox"/> DELETE	<b>6645 DENNIS CIRCLE #301</b>
	<b>NAPLES FL</b>
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<b>DAV</b>	<b>ALFRED PALERMO</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>7025 DENNIS CIRCLE G-205</b>
	<b>NAPLES FL 34104</b>
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<b>DS</b>	<b>JAMES HAHN</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>7105 DENNIS CIRCLE E-304</b>
	<b>NAPLES FL 34104</b>
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<b>DV</b>	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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: Benoit A. Charland 4/28/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000-0000

CR2E037 (10/97)