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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39621

1. Corporation Name

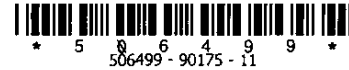
CHATHAM SQUARE II, INC.

Principal Place of Business

11100 SOUTH 5TH AVE
SUITE 201
NAPLES FL 34102
US

Mailing Address

1100 SOUTH 5TH AVE
STE 201
NAPLES FL 34102
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/22/1990 4. FEI Number 65-0215008 Applied For 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
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9. Name and Address of Current Registered Agent

ROBERT HALL AND ASSOCIATES
1100 FIFTH AVE., S
SUITE 201
NAPLES FL 34102

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAV	1.1 TITLE	D
NAME	PALERMO, ALFRED	1.2 NAME	
STREET ADDRESS	7025 DENNIS CIRCLE G-205	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	DTAV
NAME	CLARK, JOAN	2.2 NAME	
STREET ADDRESS	7065 DENNIS CIRCLE #F108	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	PD
NAME	HAHH, JAMES	3.2 NAME	
STREET ADDRESS	7105 DENNIS CIRCLE E-304	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	DS
NAME	CROWE, RICHARD	4.2 NAME	JOE LASITA
STREET ADDRESS	6945 DENNIS CIRCLE, 1203	4.3 STREET ADDRESS	7105 DENNIS CIRCLE E-205
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES FL 34104
TITLE	DP	5.1 TITLE	DV
NAME	CHARLAND, BEN	5.2 NAME	SIM OLLENBURG
STREET ADDRESS	6945 DENNIS CIRCLE #301	5.3 STREET ADDRESS	6985 DENNIS CIRCLE-H-101
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES FL 34104
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

CR2E037 (11/98)