

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90240 040 ****61.25

DOCUMENT # N39621

1. Entity Name

CHATHAM SQUARE II, INC.



Principal Place of Business

**4100 CORPORATE SQ.
STE 105
NAPLES FL 34104
US**

Mailing Address

**4100 CORPORATE SQ.
STE 105
NAPLES FL 34104
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0215008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANCHOR ASSOCIATES, INC.
4100 CORPORATE SQ.
STE. 105
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **DT** ☒ Delete
NAME: **CLARK, JOAN**
STREET ADDRESS: **7065 DENNIS CIRCLE #F108**
CITY-ST-ZIP: **NAPLES FL**

TITLE: **VD** ☐ Delete
NAME: **CHARLAND, CLAIRE**
STREET ADDRESS: **6945 DENNIS CIRCLE I-301**
CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **AVD** ☐ Delete
NAME: **LASITA, JOE**
STREET ADDRESS: **7105 DENNIS CIR., E-205**
CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **SD** ☐ Delete
NAME: **GLAZE, MAX**
STREET ADDRESS: **7025 DENNIS CIRCLE G-106**
CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **PD** ☐ Delete
NAME: **MANNING, MARY**
STREET ADDRESS: **7065 DENNIS CIR F-106**
CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** ☐ Change ☒ Addition
NAME: **CAROLYN HALE**
STREET ADDRESS: **7105 DENNIS CIRCLE E-305**
CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Manning*

REQUIRED

4-29-03

CR2E037 (10/02)