DOCUMENT# 744272

Entity Name: CHANTARENE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3343 CHANTARENE DRIVE PENSACOLA, FL 32507

Current Mailing Address:

PO BOX 4749 PENSACOLA, FL 32507 US

FEI Number: 59-2343994

Name and Address of Current Registered Agent:

CAMPBELL, RYAN G 3343 CHANTARENE DR PENSACOLA, FL 32507 US

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.

SIGNATURE	RYAN G. CAMPBELL, PRESIDENT			02/05/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, VP	
Name	CAMPBELL, RYAN G	Name	BREWER, NANN	
Address	3343 CHANTARENE DRIVE	Address	3406 CHANTARENE DRIVE	
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507	
Title	TREASURER, DIRECTOR	Title	DIRECTOR	
Name	ROBINSON, JAMES BRETT	Name	CARRAWAY, JAMES	
Address	3386 CHANTARENE DRIVE	Address	3405 CHANTARENE DRIVE	
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507	
Title	DIRECTOR	Title	DIRECTOR	
Name	REBER, RYAN	Name	WATTS, DEB	
Address	3451 CHANTARENE DRIVE	Address	3421 CHANTARENE DR	
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507	
Title	DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	GRAVES, LYNETTE	Name	THOMAS, LENORA	
Address	3426 CHANTARENE DR	Address	3382 CHANTARENE DR	
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507	
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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES BRETT ROBINSON

TREASURER

02/05/2024

Electronic Signature of Signing Officer/Director Detail

FILED Feb 05, 2024

Secretary of State

5088014480CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LORREN, LONNIE
Address	3438 CHANTARENE DR
City-State-Zip:	PENSACOLA FL 32507