

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751507 (5)
1. Corporation Name
CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.



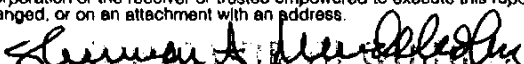
Principal Place of Business 2055 WOODS STREET SUITE 202 SARASOTA FL 34237		Mailing Address 2055 WOODS STREET SUITE 202 SARASOTA FL 34237		3. Date Incorporated or Qualified 03/12/1980	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2007509	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For ☐ Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent PROPERTY AND ACCOUNTING MANAGEMENT INC 2055 WOOD STREET SUITE 202 SARASOTA FL 34237				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORBETT, JAY 4551 CHANDLERS FORDE SARASOTA FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DV Corbett, Jay 4551 Chandlers Forde Sarasota, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, LAWRENCE 4765 CHANDLERS FORDE SARASOTA FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARLENE MCBRIDE 4548 CHANDLERS FORDE SARASOTA FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PD Klineman, Ronald 4635 Chandlers Forde Sarasota, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HULL, RICHARD 4683 CHANDLERS FORDE SARASOTA FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD Meddelsohn, Sherman A. 4643 Chandlers Forde Sarasota, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAUFIELD, EDMUND 47013 CHANDLERS FORDE SARASOTA FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	SD Caulfield, Edmund 4703 Chandlers Forde Sarasota, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ 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:  04/21/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (10/97)