2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90506 012 ****61.25

DOCUMENT # 751507

1. Entity Name

CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5766 BRONX AVENUE STE A SARASOTA FL 34231	5766 BRONX AVENUE STE A SARASOTA FL 34231

MOORE CR2E037 (11/03)

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 59-2007509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANAGEMENT CONCEPTS OF SARASOTA CO 5766 BRONX AVE SUITE A SARASOTA FL 34231	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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTHEI, WESLEY G 4675 CHANDLERS FORDE SARASOTA FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, SHIRLEY 4753 CHANDLERS FORDE SARASOTA FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAUFIELD, EDMUMD 4713 CHANDLERS FORDE SARASOTA FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GARDNER, SEYMOUR 4729 CHANDLERS FORDE SARASOTA FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CORBETT, BARBARA 4551 CHANDLERS FORDE SARASOTA FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTE, ANDREW 4520 CHANDLERS FORDE SARASOTA FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENDELSOHN, SHERMAN 4643 CHANDLERS FORDE SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN MENDELSOHN 4643 CHANDLERS FORDE SARASOTA FL. 34235	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPE, THEODORE 4699 CHANDLERS FORDE SARASOTA FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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. SHERMAN A. MENDELSOHN

SIGNATURE: Sherman A Mendelsohn, Pres. 941.379.9612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #