2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90030 014 ****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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
6146 CLARK CENTER AVE Suite, Apt. #, etc.	6146 CLARK CENTER AVE Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34238 Country: USA	Zip: 34238 Country: USA

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

MANAGEMENT CONCEPTS OF SARASOTA CO
5766 BRONX AVE
SUITE A
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 6146 CLARK CENTER AVE

City: SARASOTA **FL** Zip Code: 34238

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, 2005

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 BROWN, SHIRLEY 4753 CHANDLERS FORDE SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GARDNER, SEYMOUR 4729 CHANDLERS FORDE SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTE, ANDREW 4520 CHANDLERS FORDE SARASOTA FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, LAWRENCE 4765 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	TD DEAN, THOMAS 4543 CHANDLERS FORDE SARASOTA FL 34235 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPE, THEODORE 4699 CHANDLERS FORDE SARASOTA FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABROMSON, LINDA 4785 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.

SIGNATURE: _____ 4/7/05 941-371-4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #