2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90202 048 ****61.25

DOCUMENT # 751507

1. Entity Name
CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6146 CLARK CENTER AVE SARASOTA, FL 34238	6146 CLARK CENTER AVE STE A SARASOTA, FL 34238

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
5041 Ringwood Meadow	5041 Ringwood Meadow
Suite, Apt. #, etc. STE 2	Suite, Apt. #, etc. STE 2
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34235 Country U.S.A.	Zip 34235 Country U.S.A.

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
PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW - STE. 2 SARASOTA, FL 34235	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

Filing Fee is $61.25
Due by May 1, 2006

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	DV Linder, Jacques 4639 Chandlers Forde Sarasota, FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARDNER, SEYMOUR 4729 CHANDLERS FORDE SARASOTA, FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Goldblatt, Burton 4552 Chandlers Forde Sarasota, FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, LAWRENCE 4765 CHANDLERS FORDE SARASOTA, FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kelly, Lawrence 4765 Chandlers Forde Sarasota FL 34235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEAN, THOMAS 4546 CHANDLERS FORDE SARASOTA, FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABROMSON, LINDA 4785 CHANDLERS FORDE SARASOTA, FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD 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 exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #