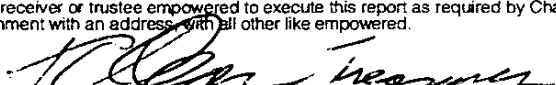


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90251 037 ****61.25

DOCUMENT # 751507					
1. Entity Name CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			Mailing Address 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2007509	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW - STE. 2 SARASOTA, FL 34235			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD NAME KELLY, LAWRENCE STREET ADDRESS 4765 CHANDLERS FORDE CITY-ST-ZIP SARASOTA, FL 34235	☐ Delete		TITLE DV NAME KELLY, LAWRENCE STREET ADDRESS 4765 Chandlers Forde CITY-ST-ZIP SARASOTA, FL 34235	☒ Change ☐ Addition	
TITLE TD NAME DEAN, THOMAS STREET ADDRESS 4546 CHANDLERS FORDE CITY-ST-ZIP SARASOTA, FL 34235	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE DV NAME JACQUES, LINDER STREET ADDRESS 4639 CHANDLERS FORDER CITY-ST-ZIP SARASOTA, FL 34235	☐ Delete		TITLE PD NAME LINDER, JACQUES STREET ADDRESS 4639 Chandlers Forde CITY-ST-ZIP SARASOTA, FL 34235	☒ Change ☐ Addition	
TITLE D NAME STEPHENSON-MOREAU, DR. PHYLISS STREET ADDRESS 4781 CHANDLERS FORDE CITY-ST-ZIP SARASOTA, FL 34235	☐ Delete		TITLE SD NAME STEPHENSON-MOREAU, DR. PHYLISS STREET ADDRESS 4781 Chandlers Forde CITY-ST-ZIP SARASOTA, FL 34235	☒ Change ☐ Addition	
TITLE D NAME PARKER, STEVE STREET ADDRESS 4607 CHANDLER FORDE CITY-ST-ZIP SARASOTA, FL 34235	☒ Delete		TITLE D NAME BRUNER, PATTY STREET ADDRESS 4564 Chandlers Forde CITY-ST-ZIP 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:  4/28/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					