

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767144 (9)

1. Corporation Name

CHASEWOOD PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6381 CHASEWOOD DR
P.O. BOX 4224
JUPITER FL 33458
US

6381 CHASEWOOD DR
P.O. BOX 4224
JUPITER FL 33458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/23/1983

05/01/1994

4. FEI Number

Applied For

59-2382696

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLINGWORTH, HOWARD
11911 US HIGHWAY 1
STE 210
NORTH PALM BEACH FL 33408

81 Name Gail Meyers
82 Street Address (P.O. Box Number is Not Acceptable) 5725 Corporate Way
83 Suite 101
84 City West Palm Beach FL 85 Zip Code 33407

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

Gail Meyers CPA

6/15/95

Signature (handwritten printed name of registered agent and fee if applicable)

NOTE: Registered Agent signature required when installing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NERI, DAN
STREET ADDRESS	6272-D CHASEWOOD DR
CITY - ST - ZIP	JUPITER FL 33458
TITLE	VD
NAME	BARON, WILMA
STREET ADDRESS	6380 CHASEWOOD DR. APT G
CITY - ST - ZIP	JUPITER FL 33458
TITLE	TD
NAME	KOSTOWSKI, LIZA
STREET ADDRESS	6370 CHASEWOOD DR. APT B
CITY - ST - ZIP	JUPITER FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	William A. Slack	
43 STREET ADDRESS	6468-D Chasewood Dr.	
44 CITY - ST - ZIP	Jupiter, FL 33458	
51 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Goffrey H. Shipley	
53 STREET ADDRESS	6327-G Chasewood Dr.	
54 CITY - ST - ZIP	Jupiter, FL 33458	
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 authorized 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:

William A. Slack
WILLIAM A. SLACK PRESIDENT

6-8-95

(407) 744-1617

CR2E037 (3/95)