

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90032 037 \*\*\*\*61.25

**DOCUMENT # N02000004151**

1. Entity Name  
**CHIMNEY LAKES OFFICE CENTER OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**11555 CENTRAL PARKWAY  
SUITE 1104  
JACKSONVILLE, FL 32224**

Mailing Address  
**CHIMNEY LAKES OWNERS ASSOC  
P O BOX 3153  
PONTE VEDRA BEACH, FL 32004**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**75-3067091**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALL, PIKE III  
138 MUIRFIELD DRIVE  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HALL, PIKE III
STREET ADDRESS	138 MUIRFIELD DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VPD
NAME	TOWERS, W B JR
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	STD
NAME	TOWERS, JOHN B
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

**3/6/06**  
Date

**904 993-6549**  
Daytime Phone #