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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02766

1. Corporation Name
CHANCELLORS ROW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2620 GRADUATE COURT ORLANDO FL 32826	Mailing Address 2620 GRADUATE COURT ORLANDO FL 32826
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2457309
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, CARLA 254 STILLWATER DR OVIEDO FL 32765		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD JOANNIDES-BURGOS, LESLIE 4052 LAKE MIRA DR. ORLANDO FL 32826	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD JOANNIDES-BURGOS, LESLIE 12134 GRADUATE DR ORLANDO FL 32826	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D BYRON, KARIN 2620 LASER CT ORLANDO FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME Leslie Joannides Burgos 12134 Graduate Dr Orlando FL 32826
CITY-ST-ZIP	SD GENAO, NELSON 2656 GRADUATE COURT ORLANDO FL	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS
	D SYBERS-FURAN, PETER 12174 GRADUATE DR ORLANDO FL 32826	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME Peter Sybers-Duran
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 12174 Graduate Dr
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP Orlando FL 32826
		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME Christopher Wyland
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS 2710 Graduate Ct
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP Orlando FL 32826

14. 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 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 empowered 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-13-99 Daytime Phone #

CR2E037 (11/98)