2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



Jan 30, 2008 8:00 am Secretary of State

FILED

DOCUMENT # N0400004185 1. Entity Name CHAUTAUQUA LAKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.							01-30-200	•	029 ****61	1.25	
2637 MCCORMICK DR 263			ng Address 87 MCCORMICK DR ARWATER, FL 33759				gvo			#1881 (1882 1 9 12) 81	
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01052008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State					4. FEI Number 20-1149			<u> </u>	oplied For ot Applicable
Zip	Country –	Zip		Count	stry		5. Certificate of	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registere	d Agent				7. Name and	Address of Ne	w Registere	d Agent	
FLOWERS, G.E.					Name						
2637 MCC	o, G.E. CORMICK DRIVE ATER, FL 33759		Street Address			ddress (I	P.O. Box Numbe	r is Not Accept	able)		
OLL, II (II)	1121,12 30,00										
					City				F	L Zip Cod	le
	named entity submits this statement for	or the purpo	ose of changing its re	egistered	d office or	register	ed agent, or both	n, in the State o	Florida. I ar	n familiar with,	and accept
the obligat	tions of registered agent.										
SIGNATURE	Signature, typed or printed name of registered agen	at and title if app	licable. (NOTE: F	Registered A	Agent signatu	ure required	when reinstating}		DATE	Ē	
SIGNATURE		ot and title if app	9. Election Camp	aign Fin	nancing	ure required	when reinstalling) \$5.00 May Be Added to Fees) F	Make che	ck payable t	
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	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008		9. Election Camp	paign Fin Intribution	nancing		\$5.00 May Be Added to Fees	F	Make che Iorida Dep	ck payable t artment of S	tate
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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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #