

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14004

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: CHARTLEY COURT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

308 N CHARTLEY CT  
293 CHARTLEY COURT SOUTH  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

PROKOP PA  
3707 RADNOR PLACE  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number: 59-2729719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROKOP PA  
3707 RADNOR ST  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MERCKLE, JEFF  
Address: 456 CHARTLEY COURTH SOUTH  
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete  
Name: PARKER, JUNE  
Address: 267 CHARTLEY COURTH NORTH  
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete  
Name: NANNY, LESLIE  
Address: 293 CHARTLEY CT NORTH  
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete  
Name: EMSHOFF, CINDY  
Address: 294 CHARTLEY COURTH NORTH  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: POLLOCK, FRANCES  
Address: 425 CHARTLEY COURT SOUTH  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. PROKOP

RA

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date