SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45197

(3)

CHIMNEY CORNERS OWNERS ASSOCIATION, INC.

	7													
Principal Place of Business Malling Address									-	TIBBI OʻHBI MOM HUI	H 144			
3830 KILLEARN COURT 3830 KILLEARN COURT TALLAHASSEE FL \$2308 TALLAHASSEE FL \$2308									3. Date Incorpora 09/18/199		d			
									4. FEI Number	•^		_		plied For
2. Principal f	Place of Rusi	nese	1 22	Malling Ad	drocs				59-308756	9				Applicable
21				28					5. Certificate of S	status Desired				dditional quired
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Camp	aign Financing		\$5.	00 M	lay Be
22 City & Sta	27	27 City & State					Trust Fund Co		<u> </u>			Fees		
23			28	— ·					7. Is this nonprofit corporation a homeowners association?					?
Zip	Country			Zlp Cou			y		8. This corporation	n owes or has	paid the cum	ent yea	ır Inta	ngible
24	25 9. Name and Address of Currer			30						erty Tax due Ju		Yes		No
	9, Name	and Address o	Current Regist	1 Na		10. Name and Ad	dress of New I	Registered ,	Agent		 ,			
DICHON	IOUN O					l°	I Na	me						
PILLION, JOHN C 3830 KILLEARN COURT							2 Str	eet Addres	et Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32308							3				· · · · · ·			
I ACCAI IAC	OCC 1 L 02	000				Ľ								
	4					8-	4 City	/			FĽ	85	Zip C	ode
11. Pursuant office or reagent. I a	lo th e p rovisi egist ere d age m fa mil lar wi	ons of sections 6° ent, or both, in the th, and accept the	7.0502 and 617. State of Florida obligations of, a	.1508, Floric . Such char section 617.	ia Statutes, ige was auti 0503, Florid	the above- horized by la Statutes	named the co	corporation's	on submits this state s board of directors.	ment for the pur I hereby accept	pose of char the appoint	nging its ment as	regis	tered tered
SIGNATURE														
42	or printed name of regin			Agent alg	nature require	ed when reinstating)		DATE						
12.	PD	OFFIC	ERS AND DIREC		DE/ PPP	13.			ADDITIONS/CH	ANGES TO OF	FICERS AN			-
NAME	PILLION, J	OHN C		لــا	DELETE	1.2 NAME					l	Cha	nge	Addition
STREET ADDRESS														
CITY-ST-ZIP					1.3 STREET ADDRESS									
TITLE	TALLAHAS VD				DELETE	2.1 TITLE		 				- 1		
NAME	BU ZB EE, I	KENNON		Ļ	DELETE	2.2 NAME					l	Cha	ng e	Addition
STREET ADDRESS	DRESS 3840 KILLEARN COURT						T ADDRE	22:						
CITY-ST-ZIP	TALLAHAS					2.4 CITY-								Ì
TITLE	D				DELETE	3.1 TITLE						7		Addition
NAME	Parirish, I	Robert		لــا		3.2 NAME					į	Char	An i	Addition
STREET ADDRESS						3.3 STREE		ss						
	TALLAHAS					3.4 CITY-								
TITLE	· · · · · · · · · · · · · · · · · · ·				DELETE	4.1 TITLE					1	Char	va	Addition
NAME				_	· -	4.2 NAME		1				Vindi	.A	AGGIGGII
STREET ADDRESS						4.3 STREE	TADORE	ss						
CITY-ST-ZIP	_					4.4 CITY-9	T-ZIP	İ						
TITLE					DELETE	5.1 TITLE			·····		1	Char	nge [Addition
NAME						5.2 NAME					•		· o - L	
STREET ADDRESS						5.3 STREE	TADDRE	\$S						
CITY-ST-ZIP						5.4 C/TY-\$	T-ZIP							j
TITLE					DELETE	6.1 TITLE					Ĭ	Char	nge [Addition
NAME	,					6.2 NAME								
STREET ADDRESS	÷					6.3 STREE	T ADDRE	ss						
CITY-ST-ZIP		••	~~			6.4 CITY-S	T-ZIP							
14 I bereby o	amini mat tha	Information co	ستناهما بمناغات بالمامين احمدا	- 4			4_7	1.1		A				

I. 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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECT

7/14/10 850-668-3038

FILED

Jul 22 1998 8:00am

I CERTIFOL SIL GIARI SILAL CIRIS LEGIS DERI BIRIS
Secretary of State