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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45197

1. Corporation Name

CHIMNEY CORNERS OWNERS ASSOCIATION, INC.

Principal Place of Business
3830 KILLEARN COURT
TALLAHASSEE FL 32308

Mailing Address

3830 KILLEARN COURT TALLAHASSEE FL 32308

FILED Mar 22, 1999 8:00 am Secretary of State

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Section State Section Sectio							4. FEI Number		Apr	lied For
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Zip Country Zip Country Zip Country S. Election Campaign Financing \$5.00 May Be Added to Fees	23	28					5. Certificate of Status Des	med 🗆	Fee Red	quired
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 16. City 17. 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent 1 am familiar with, and accept the obligations of Section's Statutes, agent 1 am familiar with an accept the obligation of Place 1 and True 2 and True 2 and True 2 and True 3 and True 4 and True 3 and True 4		Country	Zip		Country 6. Election Campaign Financing			\$5.00	May Be	
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TALLAMA AAFE FI	CITY-ST-ZIP				3.4. CITY-5	T-ZIP				

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 attacthment with em address, with all office rike empowered.

6.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

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