

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47285

FILED
Mar 20, 2008
Secretary of State

Entity Name: CHAINE DU LAC ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3222713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MGMT., INC
2180 W SR 434 #5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR 03/20/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: AZZOUZ, KEVIN
Address: 12605 LAKE BUTLER BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: PD () Delete
Name: BARBER, MIKE SR
Address: 12253 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BARBER, MIKE JR
Address: 200 ST. ANDREWS BLVD, #2209
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: SEABACK, JOSEPH
Address: 1701 PARK CENTER DR
City-St-Zip: ORLANDO, FL 32835

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: MIKE BARBER SR PD 03/20/2008

Electronic Signature of Signing Officer or Director Date