

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001847 (1)**  
1. Corporation Name

**THE CHAPMAN OAKS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: 120 FAIRWAY WOODS BLVD ORLANDO FL 32824  
Mailing Address: 120 FAIRWAY WOODS BLVD ORLANDO FL 32824

3. Date Incorporated or Qualified: **04/12/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0633506**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 2180 WEST SR 434 Suite, Apt. #, etc. 22 5000 City & State 23 LONGWOOD FL Zip 24 32779 Country 25 USA  
2a. Mailing Address: 26 2180 WEST SR 434 Suite, Apt. #, etc. 27 5000 City & State 28 LONGWOOD FL Zip 29 32779 Country 30 USA

9. Name and Address of Current Registered Agent  
**WEISENFELD, JOSEPH J  
799 BRICKELL PLZ, 900  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: **JAMES W HART JR**  
82 Street Address (P.O. Box Number is Not Acceptable): **SENTRY MANAGEMENT INC**  
83 **2180 WEST SR 434 SUITE 5000**  
84 City: **LONGWOOD** FL 85 Zip Code: **32779**

11. 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* Agent **2/26/96** DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PALMISCIANO, CARL</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32824</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>O'HARA, CHARLES D</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32824</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, MORRIS A JR</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32824</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **3-20-96** Date **407-240-0044** Daytime Phone #  
CHARLES D. O'HARA

CR2E037 (12/95)