


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001847 (1)**  
1. Corporation Name  
**THE CHAPMAN OAKS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>
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3. Date Incorporated or Qualified <b>04/12/1995</b>	
4. FEI Number <b>65-2633506</b> 65-0633506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**HART, JAMES W. JR  
SENTRY MANAGEMENT INC  
21810 WEST SR 434 SUITE 5000  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>PALMISCIANO, CARL</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'HARA, CHARLES D</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, MORRIS A JR</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Linda Gonzalez</b>	
1.3 STREET ADDRESS	<b>244 Hanging Moss Drive</b>	
1.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Karen Saltzman</b>	
2.3 STREET ADDRESS	<b>109 Hanging Moss Drive</b>	
2.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Troy Morton</b>	
3.3 STREET ADDRESS	<b>132 Hanging Moss Drive</b>	
3.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
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 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: *Karen Saltzman V.P.* 2/19/98 568-2921

CR2E037 (10/97)