


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90048 035 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001847**

1. Corporation Name  
**THE CHAPMAN OAKS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/12/1995</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <del>65-2633506</del> 65-0633506
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24	25	29
24	25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W. JR SENTRY MANAGEMENT INC 21810 WEST SR 434 SUITE 5000 LONGWOOD FL 32779		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA GONZALEZ	1.2 NAME	Russel, John
STREET ADDRESS	244 HANGING MOSS DR	1.3 STREET ADDRESS	105 Hanging Moss Drive
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN SALTZMAN	2.2 NAME	Moore, Lorie
STREET ADDRESS	109 HANGING MOSS DR	2.3 STREET ADDRESS	113 Hanging Moss Drive
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROY MORTON	3.2 NAME	Hunt, Jeff
STREET ADDRESS	132 HANGING MOSS DR	3.3 STREET ADDRESS	164 Hanging Moss Drive
CITY-ST-ZIP	OVIEDO FL 32765	3.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with a power of attorney, or other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *John Russell* 3/29/99 407/359-7871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)