

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90070 030 ****61.25

DOCUMENT # N95000001847

1. Entity Name

THE CHAPMAN OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0633506

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **WATSON, BETTY JANE**
 STREET ADDRESS: **152 HANGING MOSS DRIVE**
 CITY-ST-ZIP: **OVIEDO FL 32-7665**

TITLE: **VPD** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 CP2E037 (9/01)

TITLE: **VTD** Delete
 NAME: **HANSBERGER, CHRISTINE**
 STREET ADDRESS: **2017 CHAPMAN OAKS DRIVE**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **PD** Change Addition
 NAME: **NEARY, III, WILLIAM**
 STREET ADDRESS: **112 Hanging Moss Drive**
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE: **SD** Delete
 NAME: **PEREZ, ARMANDO**
 STREET ADDRESS: **208 HANGING MOSS DRIVE**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **STD** Change Addition
 NAME: **HUNT, CATHERINE**
 STREET ADDRESS: **164 Hanging Moss Drive**
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

William E. Neary **WILLIAM NEARY** **William Neary** 3/8/02 407-304-5500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #