

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 037 ****61.25



DOCUMENT # N95000001847
 1. Entity Name
THE CHAPMAN OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**135 W. PINEVIEW ST.
 ALTAMONTE SPRINGS, FL 32714-2006 US**

Mailing Address
**135 W. PINEVIEW ST.
 ALTAMONTE SPRINGS, FL 32714-2006 US**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0633506** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PRESIDENTIAL GROUP SOUTH INC.
 135 W. PINEVIEW ST.
 ALTAMONTE SPRINGS, FL 32714-2006**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUNT, JEFF	
STREET ADDRESS	164 HANGING MOSS DR.	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WEISNER, BRIAN	
STREET ADDRESS	240 HANGING DR.	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	TS	<input type="checkbox"/> Delete
NAME	GLAZER, CHARLES	
STREET ADDRESS	232 HANGING MOSS DR.	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTIER, MATTHEW	
STREET ADDRESS	113 HANGING MOSS DR.	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunt, Catherine A.	
STREET ADDRESS	164 Hanging Moss Drive	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 all other like empowered.

SIGNATURE: [Signature] President 4-25-05 407.682.3355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #