2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90225 013 ****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

600430 30

02082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

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

Filing Fee is $61.25
Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUNT, CATHERINE A	NAME	
STREET ADDRESS	164 HANGING MOSS DR.	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GLAZER, CHARLES	NAME	
STREET ADDRESS	232 HANGING MOSS DR.	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	TD ☒ Change ☐ Addition
NAME	PANSEREAU, DAVE	NAME	Dansereau, Dave
STREET ADDRESS	109 HANGING MOSS DR	STREET ADDRESS	109 Hanging Moss Dr.
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	Oviedo, FL 32765
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANSBERYER, CHRIS	NAME	
STREET ADDRESS	2017 CHAPMAN OAKS DR	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Sec. ☐ Change ☒ Addition
NAME		NAME	Aguilera, Christine
STREET ADDRESS		STREET ADDRESS	2000 Chapman Oaks Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Oviedo, FL 32765
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: _____ 4/23/2007 407 462 2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #