

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90675 035 ****61.25

0098548

DOCUMENT # N95000001847
1. Entity 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**

2. Principal Place of Business
135 W. Pineview St.

3. Mailing Address
135 W. Pineview St.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip
32714-2006

Country
US

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

7. Name and Address of New Registered Agent
Name: **Presidential Group South, Inc.**
Street Address (P.O. Box Number is Not Acceptable):
135 W. Pineview St.
City: **Altamonte Springs** FL Zip Code: **32714-2006**

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 _____

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, BETTY JANE 152 HANGING MOSS DRIVE OVIEDO FL 32-7665	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEARY, WILLIAM III 112 HANGING MOSS DRIVE OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUNT, CATHERINE 164 HANGING MOSS DRIVE OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Stephens, William 100 HANGING MOSS DR OVIEDO FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Weisner, Brian 240 HANGING MOSS DR OVIEDO FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D G-Laeser, Charles 232 HANGING MOSS DR OVIEDO FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cartier, Matthew 113 HANGING MOSS DR OVIEDO FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3/12/03 407 682-3355

CR2E037 (10/02)