

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02766** (6)
1. Corporation Name
CHANCELLORS ROW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2620 GRADUATE COURT **2620 GRADUATE COURT**
ORLANDO FL 32826 **ORLANDO FL 32826**

3. Date Incorporated or Qualified **04/26/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2457309** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

ANDERSON, CARLA
254 STILLWATER DR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **800001857388**
84 City **FL** 85 Zip Code **32765**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CARLA	12 NAME	Whyland, Christopher
STREET ADDRESS	254 STILLWATER DR	13 STREET ADDRESS	2710 Graduate Ct
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	Orlando, FL 32826
TITLE	PD <input checked="" type="checkbox"/> DELETE	21 TITLE	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNALD, LLOYD	22 NAME	Leslie Joannides-Burgos
STREET ADDRESS	4052 LAKE MIRA DR	23 STREET ADDRESS	Orlando, FL 32826
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32826
TITLE	VPD <input type="checkbox"/> DELETE	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHYLAND, CHRISTOPHER	32 NAME	Dahl, Eric
STREET ADDRESS	2710 GRADUATE COURT	33 STREET ADDRESS	2643 Laser Ct
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32826
TITLE	TSD <input type="checkbox"/> DELETE	41 TITLE	S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHL, ERIC	42 NAME	Genao, Nelson
STREET ADDRESS	2643 LASER COURT	43 STREET ADDRESS	2656 Graduate Ct
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENAO, NELSON	52 NAME	Gene Bell
STREET ADDRESS	2656 GRADUATE COURT	53 STREET ADDRESS	Orlando, FL 32826
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, FL 32826
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, upon an attachment with an address.

SIGNATURE:

Carla Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 **4076581486**
Date Daytime Phone #

CR2E037 (12/95)