

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02766** (6)
1. Corporation Name
CHANCELLORS ROW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2620 GRADUATE COURT ORLANDO FL 32826	Mailing Address 2620 GRADUATE COURT ORLANDO FL 32826
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/26/1984	
4. FEI Number 59-2457309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 84 City FL 85 Zip Code
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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	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	JOANNIDES-BURGOS, LESLIE
STREET ADDRESS	4052 LAKE MIRA DR.
CITY-ST-ZIP	ORLANDO FL 32826
TITLE	PD <input type="checkbox"/> DELETE
NAME	WHYLAND, CHRISTOPHER
STREET ADDRESS	2710 GRADUATE COURT
CITY-ST-ZIP	ORLANDO FL 32826
TITLE	D <input type="checkbox"/> DELETE
NAME	BYRON, KARIN
STREET ADDRESS	2620 LASER CT
CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GENAO, NELSON
STREET ADDRESS	2656 GRADUATE COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peter Syfers-Duran
1.3 STREET ADDRESS	12114 Graduate Drive
1.4 CITY-ST-ZIP	Orlando FL 32826
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leslie Joannides-Burgos
2.3 STREET ADDRESS	12134 Graduate Drive
2.4 CITY-ST-ZIP	Orlando FL 32826
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* KARIN BYRON 4/14/98 (405) 50-1401

CR2E037 (10/97)