


**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90006 008 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N02766**

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


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/26/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2457309
24 Country	29 Country	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

8. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNIDES-BURGOS, LESLIE	1.2 NAME	
STREET ADDRESS	4052 LAKE MIRA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	1.4 CITY-ST-ZIP	
TITLE	VPO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNIDES-BURGOS, LESLIE	2.2 NAME	Leslie Joannides Burgos
STREET ADDRESS	12134 GRADUATE DR	2.3 STREET ADDRESS	12134 Graduate Dr
CITY-ST-ZIP	ORLANDO FL 32826	2.4 CITY-ST-ZIP	Orlando FL 32826
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON, KARIN	3.2 NAME	
STREET ADDRESS	2620 LASER CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENAO, NELSON	4.2 NAME	
STREET ADDRESS	2656 GRADUATE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYBERS-FURAN, PETER	5.2 NAME	Peter Sybers-Duran
STREET ADDRESS	12174 GRADUATE DR	5.3 STREET ADDRESS	12174 Graduate Dr
CITY-ST-ZIP	ORLANDO FL 32826	5.4 CITY-ST-ZIP	Orlando FL 32826
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Christopher Wyland
STREET ADDRESS		6.3 STREET ADDRESS	2710 Graduate Ct
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando FL 32826

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)