## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 751507** 

Entity Name: CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 15, 2022
Secretary of State
0921150529CC

## **Current Principal Place of Business:**

ADVANCED MANAGEMENT OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34230

## **Current Mailing Address:**

ADVANCED MANAGEMENT OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US

FEI Number: 59-2007509 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILSON, MATHEW D ADVANCED MANAGEMENT OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US

**TREASURER** 

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.

SIGNATURE: MATHEW D WILSON 03/15/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title

Title PRESIDENT Title VP

Name COSTANT, DAN Name REES, STEVEN

Address ADVANCED MANAGEMENT OF SW FL Address ADVANCED MANAGEMENT OF SW

9031 TOWN CENTER PARKWAY FLORIDA

City-State-Zip: BRADENTON FL 34202 9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34202

Name SHELDON, RUSS Title SECRETARY

Name GARTNER, JOHN

Address ADVANCED MANAGEMENT OF SW FLORIDA Address ADVANCED MANAGEMENT OF SW

FLORIDA Address ADVANCI 9031 TOWN CENTER PARKWAY FLORIDA

BRADENTON FL 34230 9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34230 Scity-State-Zip: BRADENTON FL 34202

Title DIRECTOR

Name HOONHOUT, ROBERT Title ASST. SECRETARY

Name WILSON, MATHEW D

Address ADVANCED MANAGEMENT OF SW FLORIDA Address ADVANCED MANAGEMENT OF SW

9031 TOWN CENTER PARKWAY FLORIDA

City-State-Zip: BRADENTON FL 34202 9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATHEW D WILSON AS 03/15/2022