

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751507

**Entity Name:** CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16 CHURCH STREET  
OSPREY, FL 34229

**Current Mailing Address:**

16 CHURCH STREET  
OSPREY, FL 34229 US

**FEI Number:** 59-2007509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEAN, TOM  
16 CHURCH STREET  
OSPREY, FL 34229 US

*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:** TOM DEAN, TREASURER

03/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name KELLY, LAWRENCE  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title TD  
Name DEAN, THOMAS  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title PD, DR. MARTIN KODISH  
Name KODISH, MARTIN  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title SECRETARY, LIZ BREUER  
Name BREUER, LIZ  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR, LUIS GUINART  
Name GUINART, LUIS  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

*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:** THOMAS DEAN

**TREASURER**

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date