

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001847

**Entity Name:** THE CHAPMAN OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

498 PALM SPRINGS DR STE 210  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

498 PALM SPRINGS DR STE 210  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 65-0633506

**Certificate of Status Desired:** No

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

SIGNATURE MANAGEMENT SOLUTIONS, LLC  
498 PALM SPRINGS DR STE 210  
ALTAMONTE SPRINGS, FL 32701 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:** MARYJO LOCASCIO

03/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DANSEREAU, DAVID  
Address 498 PALM SPRINGS DR STE 210  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name WESTHELLE, JEFF  
Address 498 PALM SPRINGS DR STE 210  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title S  
Name LEONARD, TERESA  
Address 498 PALM SPRINGS DR STE 210  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D  
Name LANGHORST, THOMAS  
Address 498 PALM SPRINGS DR STE 210  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D  
Name WIESNER, BRIAN  
Address 498 PALM SPRINGS DR STE 210  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** DAVID DANSEREAU

P

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date