

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90012 007 \*\*\*\*61.25

|                                                                 |                                                                                   |
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| <b>DOCUMENT # 755795</b>                                        |  |
| 1. Entity Name<br><b>CHAMBERY CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>2004 LONGMEADOW<br/>SARASOTA FL 34235</b> | Mailing Address<br><b>2004 LONGMEADOW<br/>SARASOTA FL 34235</b> |
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| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |
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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2103237</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>STOKES, REBECCA F<br/>3053 51ST STREET<br/>SARASOTA FL 34234</b> |  |
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| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |  |
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| 8. 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. I am familiar with, and accept the obligations of registered agent. |      |
| SIGNATURE                                                                                                                                                                                                                     | DATE |

|                                                              |                                                                                                                        |                                                                     |
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| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to:</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SENGPIEL, GEORGE<br>5409 CHANTILLY<br>SARASOTA FL 34235 <input type="checkbox"/> Delete                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEE, NORMAN<br>5422 CHANTILLY<br>SARASOTA FL 34235 <input type="checkbox"/> Delete                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PENROSE, DON<br>5421 CHAMPAGNE<br>SARASOTA FL 34235 <input type="checkbox"/> Delete                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>PD</del><br><del>DANIELS, LORRAINE</del><br><del>5430 CHAMPAGNE</del><br><del>SARASOTA FL 34235</del> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WEYANT, M<br>5416 CHANTILLY<br>SARASOTA FL 34235 <input type="checkbox"/> Delete                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHOTT, NORM<br>5419 CHANTILLY<br>SARASOTA FL 34235 <input type="checkbox"/> Delete                                                              |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                    |
|-------------------------------------------------------|------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |
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| SIGNATURE: <i>M. Weyant</i> | <b>M. Weyant, Presi 3/31/08 941-355-4880</b> |
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