

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755795

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** CHAMBERY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2004 LONGMEADOW  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

2004 LONGMEADOW  
SARASOTA, FL 34235

**New Mailing Address:**

**FEI Number:** 59-2103237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOKES, REBECCA F  
3053 51ST STREET  
SARASOTA, FL 34234 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SENGPIEL, GEORGE  
Address: 5409 CHANTILLY  
City-St-Zip: SARASOTA, FL 34235

Title: VP,D ( ) Delete  
Name: LEE, NORMAN  
Address: 5422 CHANTILLY  
City-St-Zip: SARASOTA, FL 34235

Title: T,D ( ) Delete  
Name: PENROSE, DON  
Address: 5421 CHAMPAGNE  
City-St-Zip: SARASOTA, FL 34235

Title: P,D ( ) Delete  
Name: WEYANT, M  
Address: 5416 CHANTILLY  
City-St-Zip: SARASOTA, FL 34235

Title: S,D ( ) Delete  
Name: SCHOTT, NORM  
Address: 5419 CHANTILLY  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: STERN, BERT  
Address: 5417 CHAMPANGE  
City-St-Zip: SARASOTA, FL 34235

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: M. WEYANT

PD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date