

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005964

FILED
Apr 07, 2009
Secretary of State

Entity Name: CHASE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

886 11TH DRIVE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 650813
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 65-1048873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNNI, ALICIA
886 11TH DRIVE
VERO BEACH, FL 32960 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: P, T () Delete
Name: MUNNI, ALICIA
Address: 886 11TH DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: V, S () Delete
Name: BARLETTA, PATRICIA
Address: 1110 8TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: B () Delete
Name: TENCH, ELIZABETH
Address: 836 10TH DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: B () Delete
Name: GIOELI, KENNETH
Address: 850 10TH DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: B () Delete
Name: POLVERARI, LAURA
Address: 1100 8TH PLACE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: B (X) Change () Addition
Name: POLVERARI, LAURA
Address: 1100 8TH PLACE
City-St-Zip: VERO BEACH, FL 32960

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

Title: B (X) Change () Addition
Name: SUTLIFF, HOWARD
Address: 889 10TH DRIVE
City-St-Zip: VERO BEACH, FL 32960

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: ALICIA MUNNI

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date