2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006385

City-St-Zip:

TAMPA, FL 33607

Apr 27, 2005 Secretary of State

Entity Name: CHAPEL PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O STERLING MANAEMENT, INC 10033 DR. M. L. KING JR. STREET NORTH 2880 SCHERER DRIVE N., SUITE 840 SECOND FLOOR ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 **Current Mailing Address:** New Mailing Address: C/O STERLING MANAEMENT, INC 10033 DR. M. L. KING JR. STREET NORTH 2880 SCHERER DRIVE N., SUITE 840 SECOND FLOOR ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 FEI Number: 69-0011066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COTTERILL, RONALD P.A 400 N. TAMPA ST., STE, 2625 TAMPA, FL 336024793 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition RYAN, JOHN Name: Name: 2502 N. ROCKY POINT DRIVE #1050 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: RAY, PAUL Name: Address: 2502 N. ROCKY POINT DRIVE #1050 Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition CLANTON, ROBERT Name: DUFFEY, ANNE Name: 2502 N. ROCKY POINT DRIVE #1050 2502 N. ROCKY POINT DRIVE #1050 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE: JOHN RYAN DP 04/27/2005