

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV 21 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N01000006385</b> 1. Entity Name CHAPEL PINES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702
2. Principal Place of Business - No P.O. Box # <i>4131 Gunn Highway</i>	3. Mailing Address <i>4131 Gunn Highway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>Tampa, Florida</i>		City & State <i>Tampa, Florida</i>
Zip <i>33618</i>	Country <i>USA</i>	4. FEI Number 69-0011066
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  COTTERILL, RONALD P.A. 400 N. TAMPA ST., STE.2625 TAMPA, FL 33602-4793		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">                     FL Zip Code                 </div>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME QUINONES, DAVID STREET ADDRESS 9887 FOURTH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE PD NAME QUINONES, DAVID STREET ADDRESS 4131 Gunn Hwy CITY-ST-ZIP TAMPA FL 33618
TITLE VPD NAME SOSKIN, DAVID STREET ADDRESS 9887 FOURTH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE VPD NAME SOSKIN, DAVID STREET ADDRESS 4131 Gunn Hwy CITY-ST-ZIP TAMPA FL 33618
TITLE SD NAME PARKS, GLORIA STREET ADDRESS 9887 FOURTH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE TD NAME PARKS, GLORIA STREET ADDRESS 4131 Gunn Hwy CITY-ST-ZIP TAMPA FL 33618
TITLE TD NAME SUTTON, KAREN STREET ADDRESS 9887 FOURTH STREET NORTH, #301 CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE SD NAME MAYNARD, DAVID STREET ADDRESS 4131 Gunn Hwy CITY-ST-ZIP TAMPA FL 33618
TITLE D NAME CURTIS, JOHN STREET ADDRESS 9887 FOURTH STREET NORTH, #301 CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE D NAME CURTIS, JOHN STREET ADDRESS 4131 Gunn Hwy CITY-ST-ZIP TAMPA FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  700112473467 11/21/07--01005--002 **61.25
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE: <i>David Quinones</i>		Date: <i>10/23/07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

11/27