

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006385

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHAPEL PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HIGHWAY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HIGHWAY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 69-0011066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RONALD P.A.
400 N. TAMPA ST., STE.2625
TAMPA, FL 336024793 US

Name and Address of New Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 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: STEVEN MEZER

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUINONES, DAVID
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: SOSKIN, DAVID
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: PARKS, GLORIA
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: MAYNARD, DAVID
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CURTIS, JOHN
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PARKS, GLORIA
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Change () Addition
Name: MAYNARD, DAVID
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change () Addition
Name: GARCIA, JOHN
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

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: DAVID QUINONES

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date