2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90008 006 ****61.25

DOCUMENT # N02000004151

1. Entity Name
CHIMNEY LAKES OFFICE CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 PLANTATION DRIVE PONTE VEDRA BEACH, FL 32082	P O BOX 3153 PONTE VEDRA BEACH, FL 32004

DO NOT WRITE IN THIS SPACE

01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
75-3067091
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, PIKE III
138 MUIRFIELD DRIVE
PONTE VEDRA BEACH, FL 32082

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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 _____ 1/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALL, PIKE III
STREET ADDRESS	138 MUIRFIELD DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VPD
NAME	TOWERS, W B JR
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	STD
NAME	TOWERS, JOHN B
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 1/21/04 904 280 9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #