

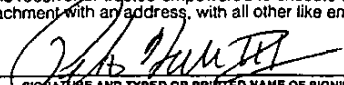


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90001 001 ****61.25

DOCUMENT # N02000004151 1. Entity Name CHIMNEY LAKES OFFICE CENTER OWNERS' ASSOCIATION, INC.			
Principal Place of Business 101 PLANTATION DRIVE PONTE VEDRA BEACH, FL 32082		Mailing Address P O BOX 3153 PONTE VEDRA BEACH, FL 32004	
2. Principal Place of Business 11555 CENTRAL PARKWAY Suite, Apt. #, etc. SUITE 1104 City & State JACKSONVILLE FL Zip 32224		3. Mailing Address CHIMNEY LAKES OWNERS' ASSOC Suite, Apt. #, etc. P O BOX 3153 City & State PONTE VEDRA BEACH FL Zip 32004	
		50003398	
			
		01112005 Chg-NP CR2E037 (10/03)	
4. FEI Number 75-3067091		<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 HALL, PIKE III 138 MUIRFIELD DRIVE PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, PIKE III 138 MUIRFIELD DRIVE PONTE VEDRA BEACH, FL 32082 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOWERS, W B JR 6215 WILSON BOULEVARD JACKSONVILLE, FL 32210 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOWERS, JOHN B 6215 WILSON BOULEVARD JACKSONVILLE, FL 32210 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: 		Date 1/11/05 Daytime Phone # 904 280 9907	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			