

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004151

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



Principal Place of Business
11555 CENTRAL PARKWAY
SUITE 1104
JACKSONVILLE, FL 32224

Mailing Address
CHIMNEY LAKES OWNERS ASSOC
P.O. BOX 51145
PONTE VEDRA BEACH, FL 32004



02222008 No Chg-NP

CR2E037 (4/06)

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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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IN THIS SPACE**

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

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, 2008**

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-STATE-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VPD
NAME	TOWERS, W B JR
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	STD
NAME	TOWERS, JOHN B
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000846517
03/18/08-80032-010 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

ORGANIZATION