## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004151

FILED Jan 08, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

11555 CENTRAL PARKWAY 2279 SEMINOLE ROAD

SUITE 1104

JACKSONVILLE, FL 32224 ATLANTIC BEACH, FL 32233

Current Mailing Address: New Mailing Address:

CHIMNEY LAKES OWNERS ASSOC P O BOX 330052

P.O. BOX 51145 ATLANTIC BEACH, FL 32233 PONTE VEDRA BEACH, FL 32004

FEI Number: 75-3067091 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, PIKE III BREITBART, JERRE
138 MUIRFIELD DRIVE 2279 SEMINOLE ROAD

PONTE VEDRA BEACH, FL 32082 US 6 ATLANTIC BEACH, FL 32233 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: JERRE BREITBART 01/08/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: HALL, PIKE ÎII Name: HALL, PIKE ÎII Address: 138 MUIRFIELD DRIVE Address: P O BOX 330052

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 TOWERS, W B JR
 Name:
 O'CONNOR, MARK

 Address:
 6215 WILSON BOULEVARD
 Address:
 P O BOX 330052

City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 TOWERS, JOHN B
 Name:
 BRANCH, CHARLIE

 Address:
 6215 WILSON BOULEVARD
 Address:
 P O BOX 330052

City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: BREITBART, JÉRRE Address: P O BOX 330052

City-St-Zip: City-St-Zip: ATLANTIC BEACH, FL 32233

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: PIKE HALL P 01/08/2009