

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006211

FILED
Mar 27, 2009
Secretary of State

Entity Name: CHEMONIE CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1330 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

7493 CREEKRIDGE CIRCLE
TALLAHASSEE, FL 32309

Current Mailing Address:

1330 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Mailing Address:

7493 CREEKRIDGE CIRCLE
TALLAHASSEE, FL 32309

FEI Number: 02-0639035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, THOMAS R
1330 THOMASVILLE RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WILCOX, ANDREW
7493 CREEKRIDGE CIRCLE
TALLAHASSEE, FL 32309 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: ANDREW WILCOX

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, THOMAS R
Address: 7256 WINTERCREEK LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: ZOTTOLI, STEPHANIE
Address: 9032 OLD CHEMONIE RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BLACKBURN, LISA
Address: 9516 STARHAWK DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WILCOX, ANDREW
Address: 7493 CREEKRIDGE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANDREW WILCOX

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date