

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006211

FILED  
Feb 11, 2010  
Secretary of State

**Entity Name:** CHEMONIE CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7493 CREEKRIDGE CIRCLE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

7493 CREEKRIDGE CIRCLE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 02-0639035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILCOX, ANDREW  
7493 CREEKRIDGE CIRCLE  
TALLAHASSEE, FL 32309 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WALLACE, TERRY L  
Address: 9109 OLD CHEMONIE RD  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE ZOTTOLI

D

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date