

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008449

FILED
Apr 22, 2009
Secretary of State

Entity Name: CHASE HAMMOCK LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

% SOUNDVIEW PROPERTY MANAGEMENT
2061 INDIAN RIVER BLVD.
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

% SOUNDVIEW PROPERTY MANAGEMENT
2061 INDIAN RIVER BLVD.
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 20-1934538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALESTRINI, PAUL
SOUNDVIEW PROPERTY MGMT.
2061 INDIAN RIVER BLVD.
VERO BEACH, FL 32960 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: PD () Delete
Name: GULLIFER, TAMMY
Address: 5387 ROYAL PADDOCK WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: TD () Delete
Name: SEWARD, DARLENE
Address: 5277 ROYAL PADDOCK WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: SD () Delete
Name: LINDHORST, DOUG
Address: 5136 ROYAL PADDOCK WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: WALTERS, SUSAN
Address: 5416 ROYAL PADDOCK WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VPD () Delete
Name: HUFF, STEVE
Address: 5197 ROYAL PADDOCK WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

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:

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: JAYNE DEMELLO

M

04/22/2009

Electronic Signature of Signing Officer or Director

Date