2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# N02766

Entity Name: CHANCELLORS ROW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2457309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: VPD ( ) Delete
Name: HENDERSON, DAVID
Address: 2608 LASER CT
City-St-Zip: ORLANDO, FL 32826

Title: PD ( ) Delete
Name: SHAW, MARTHA
Address: 2660 GRADUATE CT
City-St-Zip: ORLANDO, FL 32826

Title: SD ( ) Delete
Name: CARLSON, ROBERT
Address: 12138 GRADUATE DR
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HENDERSON, DAVID
Address: 2608 LASER CT
City-St-Zip: ORLANDO, FL 32826

Title: STD (X) Change ( ) Addition
Name: BYRON, KARIN
Address: 2620 LASER CT
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change ( ) Addition
Name: CARLSON, ROBERT
Address: 12138 GRADUATE DR
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID HENDERSON PD 04/05/2006

Electronic Signature of Signing Officer or Director — Date