2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

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Entity Name: CHAFFEE POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD., SUITE 1840
JACKSONVILLE, FL 32207

New Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 1840
JACKSONVILLE, FL 32207

Current Mailing Address:

1301 RIVERPLACE BLVD., SUITE 1840
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-0121427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYRE, WARREN A
1301 RIVERPLACE BLVD., SUITE 1840
JACKSONVILLE, FL 32207 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
Name: PEARSON, WALLACE E
Address: PO BOX 203
City-St-Zip: JACKSONVILLE, FL 32220

Title: DVPT
Name: PEARSON, CHERRIE A
Address: PO BOX 203
City-St-Zip: JACKSONVILLE, FL 32220

Title: DVPS
Name: TYRE, WARREN A
Address: 1301 RIVERPLACE BLVD. STE 1840
City-St-Zip: JACKSONVILLE, FL 32207

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: WARREN A TYRE PRES 02/23/2011

Electronic Signature of Signing Officer or Director — Date