

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010558

FILED
Mar 18, 2009
Secretary of State

Entity Name: CHELSEA OAKS AT LAKE SAUNDERS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST. RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. ST. RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-1866782

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, SUITE 5000
LONGWOOD, FL 327795044 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: MIX, RICHARD
Address: 380 S NORTHLAKE BLVD STE 1012
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD (X) Delete
Name: JONES, RANDY
Address: 385 DOUGLAS AVE STE 3350
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: ALORSO, CHRISTIE
Address: 380 S NORTHLAKE BLVD STE 1012
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: MORI, CATHERINE
Address: 380 S NORTHLAKE BLVD STE 1012
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: SMITH, SHANE
Address: 380 S NORTHLAKE BLVD STE 1012
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: RICHARD MIX

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date