


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90079 039 ****61.25

| | | |
|----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # N04000011758 | |  |
| 1. Entity Name CHATHAM WOODS CONDOMINIUM ASSOCIATION, INC. | | |

| | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 462 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073 | Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|

40072462



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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01082007 Chg-NP CR2E037 (12/06)

| | | |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number 20-2332856 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------|------------------------------------------------------------------------------|
| TITLE | PSTD | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOUHTOURTIS, CHRISTOPHER | | NAME | CLARK S. COOMBS | |
| STREET ADDRESS | 462 KINGSLEY AVE SUITE 102 | | STREET ADDRESS | 5260 COLLINS RD. #1206 | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | | CITY-ST-ZIP | JACKSONVILLE, FL 32244 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOURTIS, JIM | | NAME | ELIZABETH WELLS | |
| STREET ADDRESS | 462 KINGSLEY AVE SUITE 102 | | STREET ADDRESS | 5260 COLLINS RD #1106 | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | | CITY-ST-ZIP | JACKSONVILLE, FL 32244 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRAWFORD, JOHN D | | NAME | GAIL RICHARDSON | |
| STREET ADDRESS | 462 KINGSLEY AVE SUITE 102 | | STREET ADDRESS | 5260 COLLINS RD #604 | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | | CITY-ST-ZIP | JACKSONVILLE, FL 32244 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clark S. Coombs **CLARK S. COOMBS, PRES.** 4/12/07 269-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #