## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011758

FILED Apr 24, 2008 Secretary of State

Entity Name: CHATHAM WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

462 KINGSLEY AVE SUITE 102 4003 HARTLEY ROAD ORANGE PARK, FL 32073 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

5455 A1A SOUTH 4003 HARTLEY ROAD SAINT AUGUSTINE, FL 32080 JACKSONVILLE, FL 32257

FEI Number: 20-2332856 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES

5455 A1A SOUTH

SAINT AUGUSTINE, FL 32080 US

CANTRELL, BRYAN

4003 HARTLEY ROAD

JACKSONVILLE, FL 32257 US

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: BRYAN CANTRELL 04/24/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 COOMBS, CLARK
 Name:
 COOMBS, CLARK S

 Address:
 5260 COLLINS RD #1206
 Address:
 5260 COLLINS RD #1206

Address: 5260 COLLINS RD #1206 Address: 5260 COLLINS RD #1206

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

Title: V ( ) Delete Title: VP/T (X) Change ( ) Addition Name: WELLS, ELIZABETH Name: HERRON, PETER

 Address:
 5260 COLLINS RD #1106
 Address:
 5260 COLLINS RD #105

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 RICHARDSON, GAIL
 Name:
 SMITH, STACY A

 Address:
 5260 COLLINS RD. #604
 Address:
 5260 COLLINS RD. #902

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32244

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: CLARK S COOMBS P 04/24/2008