

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90082 014 \*\*\*\*61.25

<b>DOCUMENT # N05000000386</b>					
<b>1. Entry Name</b> CHISHOLM ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1180 SPRING CENTER SOUTH BLVD - STE 340 ALTAMONTE SPRINGS, FL 32714			<b>Mailing Address</b> 1180 SPRING CENTER SOUTH BLVD - STE 340 ALTAMONTE SPRINGS, FL 32714		
<b>2. Principal Place of Business</b> 1507 E. Concord St. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 1507 E. Concord St. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Orlando, FL <small>Zip</small> 32803 <small>Country</small> USA		<b>City &amp; State</b> Orlando, FL <small>Zip</small> 32803 <small>Country</small> USA		<b>4. FEI Number</b> 84-1667012	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> MAISE, DOUGLAS 1180 SPRING CENTER SOUTH BLVD - STE 340 ALTAMONTE SPRINGS, FL 32714			<b>7. Name and Address of New Registered Agent</b> Name: Association Partners Street Address (P.O. Box Number is Not Acceptable): 1507 E. Concord St. City: Orlando FL Zip Code: 32803		
<b>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.</b> SIGNATURE:  DATE: 4/20/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PSD MAISE, DOUGLAS 1180 SPRING CENTER SOUTH BLVD - STE 340 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE	PD ROGERS, RICHARD S. 4700 Millenia Blvd, Suite 180 Orlando, FL 32839	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAISE, DOUGLAS		NAME	ROGERS, RICHARD S.	
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD - STE 340		STREET ADDRESS	4700 Millenia Blvd, Suite 180	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	VPT MAISE, CHARLES D 1180 SPRING CENTER SOUTH BLVD - STE 340 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE	VD Anthony, Terry 4700 Millenia Blvd, Suite 180 Orlando, FL 32839	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAISE, CHARLES D		NAME	Anthony, Terry	
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD - STE 340		STREET ADDRESS	4700 Millenia Blvd, Suite 180	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Orlando, FL 32839	
TITLE		<input type="checkbox"/> Delete	TITLE	STD Christman, John 4700 Millenia Blvd, Suite 180 Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Christman, John	
STREET ADDRESS			STREET ADDRESS	4700 Millenia Blvd, Suite 180	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32839	
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		
<b>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.</b>					
SIGNATURE:		RICHARD S. ROGERS Date: 6/27/06 Phone: 407.523.1030			

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