

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000000470

1. Entity Name
CHASE'S RUN CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**1113 CARISSA DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**1113 CARISSA DRIVE
TALLAHASSEE, FL 32308**



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3222665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARNDEN, SUSAN ESQ.
DURST, HARNDEN & ZELMAN, P.L.
701 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000904319
05/01/06-00000-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNT, LIZ 1221 SE 11TH AVENUE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMON, LENNY P.BOX 7657 CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOBCZAK, RUSSELL 3215 ENTERPRISES DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWER, EVAN 2740 W THARPE STREET #307 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, ELVA 7216 NW 48TH COURT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WOODWARD, TODD 1113 CARISSA DRIVE TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.08 (850) 559.2734

Date

Daytime Phone #