

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009760

FILED
May 23, 2006
Secretary of State

Entity Name: CAMPUS HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6101 GAZEBO PARK PLACE NORTH SUITE 107
JACKSONVILLE, FL 32257

New Principal Place of Business:

6101 GAZEBO PARK PLACE N SUITE 107
JACKSONVILLE, FL 32257

Current Mailing Address:

6101 GAZEBO PARK PLACE NORTH SUITE 107
JACKSONVILLE, FL 32257

New Mailing Address:

P O BOX 1987
YULEE, FL 32041 US

FEI Number: 20-3510135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAETER, DAVID A
6101 GAZEBO PARK PLACE NORTH SUITE 107
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS, INC
463499 STATE ROAD 200
JACKSONVILLE, FL 32097 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: TERRELL J POWELL

05/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHACTER, DAVID A
Address: 6101 GAZEBO PARK PLACE NORTH SUITE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: MOORE, LINDA
Address: 6101 GAZEBO PARK PLACE NORTH SUITE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: SHACTER, MELDOY D
Address: 6101 GAZEBO PARK PLACE NORTH SUITE 107
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MOORE, LINDA
Address: 6101 GAZEBO PARK PLACE NORTH SUITE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID SHACTER

PD

05/23/2006

Electronic Signature of Signing Officer or Director

Date