2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

| 1. Entity Nam | MENT # N05000012 NA CHASE HOMEOWNERS | | c. | | 04-17-2006 904 | - | | |
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| 444 WEST PIPKIN RD 444 | | Mailing Address 444 WEST PIPKIN RD STE. A | 44 WEST PIPKIN RD | | po | NTAA | • | |
| LAKELAND, I | FL 33813 | LAKELAND, FL 33813 | (ELAND, FL 33813 | | | E FRIID SOTO OUTLO | Talk tion | |
| 2. Principal Place of Business 3. M | | 3. Mailing Address | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04142006 C | hg-NP CR2E | 037 (11/05) | | |
| City & State | | City & State | | 4. FEI Number | 128622 | | pplied For | |
| Zip | Country | Zip | Country | 5. Certificate of S | | \$8.75 Ad | Iditional | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and Add | Iress of New Registered | <u> </u> | | |
| NUNEZ, ROBERT JR. | | | Name | Name | | | | |
| | PIPKIN RD | | Street Addre | ess (P.O. Box Number is | Not Acceptable) | | | |
| | D, FL 33813 | | | | | | | |
| | | | City | | F | L Zip Coo | de | |
| the obligat | named entity submits this statement for titions of registered agent. | | • | | | | . 2-и сосорі | |
| | Signature, typed or printed name of registered agent was | d title if applicable. (NOTE: | Registered Agent signature req | guired when reinstating) | DATE | | | |
| > | Synthes, sped or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2006 | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | | ck payable (| | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE | 9. Election Cam Trust Fund Co CTORS | paign Financing ontribution. | \$5.00 May Be Added to Fees | Make che | ck payable t artment of S | tate | |
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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 path; that I am an officer or director of the corporation or the receiver or tjustee impowered 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: _

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #