

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004579

FILED  
Jan 26, 2007  
Secretary of State

**Entity Name:** CHAIRMAN SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4975 FAWN RIDGE PLACE  
SANFORD, FL 32771

**New Principal Place of Business:**

402 CHAIRMAN CT  
SUITE 100  
DEBARY, FL 32713

**Current Mailing Address:**

4975 FAWN RIDGE PLACE  
SANFORD, FL 32771

**New Mailing Address:**

402 CHAIRMAN CT  
SUITE 100  
DEBARY, FL 32713

**FEI Number:** 51-0591415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNEY, LANCE  
4975 FAWN RIDGE PLACE  
SANFORD, FL 32771 US

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

HILOMAST LLC  
402 CHAIRMAN CT  
SUITE 100  
DEBARY, FL 32713 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: LANCE BURNEY

01/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BURNEY, LANCE  
Address: 4975 FAWN RIDGE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete  
Name: BURNEY, KIMBERLY  
Address: 4975 FAWN RIDGE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: LIGHTFOOT, JOHN  
Address: 402 CHAIRMAN COURT  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: LANCE BURNEY

PSTD

01/26/2007

Electronic Signature of Signing Officer or Director

Date