2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N06000004579

Entity Name: CHAIRMAN SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

402 CHAIRMAN CT
SUITE 100
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

402 CHAIRMAN CT
SUITE 100
DEBARY, FL 32713

New Mailing Address:

FEI Number: 51-0591415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILOMAST LLC
402 CHAIRMAN CT
SUITE 100
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VD (X) 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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PSDT (X) Change ( ) Addition
Name: LIGHTFOOT, JOHN
Address: 402 CHAIRMAN COURT
City-St-Zip: DEBARY, FL 32713

Title: VP ( ) Change (X) Addition
Name: WHEELER, PETER M
Address: 402 CHAIRMAN COURT
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify 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: JOHN LIGHTFOOT PSDT 03/25/2009

Electronic Signature of Signing Officer or Director — Date