2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N06792

Entity Name: CHIMNEY LAKES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 SR 200
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

FEI Number: 59-2648437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC.
463499 SR 200
YULEE, FL 32097 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:	PD	( ) Delete
Name:	MORRIS, DAVID	
Address:	8856 IRONGATE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32244 US	
Title:	SD	( ) Delete
Name:	SMITH, BERTON	
Address:	8522 CAMSHIRE CT	
City-St-Zip:	JACKSONVILLE, FL 32244 US	
Title:	VPD	( ) Delete
Name:	DANNELLY, MICHAEL	
Address:	8918 IRONGATE DR	
City-St-Zip:	JACKSONVILLE, FL 32244 US	
Title:	D	( ) Delete
Name:	BISHOP, DAN	
Address:	8463 WESSEX COURT	
City-St-Zip:	JACKSONVILLE, FL 32244 US	
Title:	D	( ) Delete
Name:	WHITE, STEPHANIE	
Address:	9096 FORGEMAKER COURT	
City-St-Zip:	JACKSONVILLE, FL 32244 US	
Title:	D	( ) Delete
Name:	CICCONE, DINO	
Address:	8561 CAMSHIRE COURT	
City-St-Zip:	JACKSONVILLE, FL 32244 US	

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:	
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 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: TERRELL J POWELL RA 04/07/2008

Electronic Signature of Signing Officer or Director — Date