

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011522

FILED
Jan 16, 2009
Secretary of State

Entity Name: CHIEFLAND RETAIL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3940 NW 16TH BLVD BLDG A
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

3940 NW 16TH BLVD BLDG A
GAINESVILLE, FL 32605

New Mailing Address:

15215 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, MELISSA J
3940 NW 16TH BLVD BLDG A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

POLEN, DAN
15215 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613 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: DAN POLEN

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NURSE, C. MICHAEL
Address: 6464 NW 5TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: DST () Delete
Name: KONRATH, LISA
Address: 6464 NW 5TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: DV () Delete
Name: BAYNARD, OWEN
Address: 1825 N YOUNG BLVD
City-St-Zip: CHIEFLAND, FL 32644

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 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: C. MICHAEL NURSE

DP

01/16/2009

Electronic Signature of Signing Officer or Director

Date