2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N08000006049

Entity Name: CHANDLER'S MEADOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD, STE 1500
MIAMI, FL 33131

New Principal Place of Business:

3304 BEACH BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

201 SOUTH BISCAYNE BLVD, STE 1500
MIAMI, FL 33131

New Mailing Address:

1 DUNMINNING ROAD
NEWTOWN SQUARE, PA 19073

FEI Number: 27-0419210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD, STE 1500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CHANDLER, TIMOTHY A
3304 BEACH BLVD
JACKSONVILLE, FL 32207 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: TIMOTHY A CHANDLER 06/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BERG, JOHN G
Address: 1 DUNMINNING ROAD
City-St-Zip: NEWTON SQUARE, PA 19073

Title: DVPS ( ) Delete
Name: BERG, MAUREEN
Address: 1 DUNMINNING ROAD
City-St-Zip: NEWTON SQUARE, PA 19073

Title: D ( ) Delete
Name: HALPERIN, ELLEN
Address: 2514 OAKVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

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: D (X) Change ( ) Addition
Name: COTTRILL, ELLEN H
Address: 3304 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Change (X) Addition
Name: CHANDLER, TIMOTHY A
Address: 3304 BEACH BLVD
City-St-Zip: JACKSONVILLE, PA 32207

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 G BERG CHRM 06/23/2009
Electronic Signature of Signing Officer or Director Date