


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90032 003 \*\*\*\*61.25

<b>DOCUMENT # N19957</b> 1. Entity Name <b>CHATTAM LANDING HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3974 TAMPA RD SUITE C OLDSMAR, FL 34677 US</b>			Mailing Address <b>3684 TAMPA RD OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3684 TAMPA Rd.</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>OLDSMAR FL</b>			City & State		
Zip <b>34677</b>			Country <b>Pinellas</b>		
4. FEI Number <b>59-2864500</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>HERITAGE PROPERTY MGMT, INC 3684 TAMPA RD STE 106 OLDSMAR, FL 34677</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BORBATH, DONALD 3605 DARSTON ST. PALM HARBOR, FL 34685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Borbath, Donald PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd. Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLER, MARIE 3690 DARSTON ST. PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dragon, Susan D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAGON, SUSAN 5499 GREYSTON ST PALM HARBOR, FL 34685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, Charles D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINSON, WILLIAM 3621 PARTSON ST PALM HARBOR, FL 34685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Atkinson, William VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, M S 5545 GREYSTON ST. PALM HARBOR, FL 34685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Day, ms D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-18-2008 Date Daytime Phone #		