2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20696

FILED Apr 09, 2009 Secretary of State

Entity Name: CHIMNEY CREEK ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1891 CHIMNEY CREEK PL SARASOTA, FL 34235 **Current Mailing Address: New Mailing Address:** P.O BOX 51042 SARASOTA, FL 34232 US FEI Number: 65-0148631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, PA 6230 UNIVERSITY PARKWAY, SUITE 204 SARASOTA, FL 34240 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LARGO, STEVE Name: Name: 4421 CHIMNEY CRK DR Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BIRD, DONALD Name: Address: 4406 CHIMNEY CREEK DR Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: () Delete Title: () Change () Addition RILEY, JOYCE P Name: Name: 4513 CHIMNEY CREEK DR Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LEIBERICK, CHERI Name: REINHOFF, CHARLIE 1876 CHIMNEY CREEK DR 4417 CHIMNEY CREEK DR Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: SARASOTA, FL 34235 Title: () Delete Title: () Change () Addition BIRD, KATHLEEN Name: Name: 4406 CHIMNEY CREEK DR Address: Address: City-St-Zip: SARASOTA, FL 34235 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: TREASURER /JOYCE P RILEY Т 04/09/2009