

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22007

FILED  
Jan 29, 2011  
Secretary of State

**Entity Name:** CHAMBRAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2709 CHAMBRAY LANE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

2709 CHAMBRAY LANE  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN VORIS, JOHN I  
2709 CHAMBRAY LANE  
TAMPA, FL 33611    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:                      STD  
Name:                      DENNEY, SUSAN  
Address:                      2712 CHAMBRAY LANE  
City-St-Zip:                      TAMPA, FL 33611

Title:                      VPD  
Name:                      MIOTKE, JOHN  
Address:                      2701 CHAMBRAY LANE  
City-St-Zip:                      TAMPA, FL 33611

Title:                      PD  
Name:                      VAN VORIS, JOHN I  
Address:                      2709 CHAMBRAY LANE  
City-St-Zip:                      TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: JOHN I. VAN VORIS

PD

01/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date