2005 NOT-FOR-PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ANNUAL REPORT DOCUMENT # N24521 THE CHATHAM AT ROTONDA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

ROTONDA WEST, FL 33947

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

UNIT 5B

200 ROTONDA BOULEVARD WEST

Country

FILED Jul 08, 2005 8:00 am Secretary of State



								1 00 Mequile	·
	6. Name	and Address of Current F	Registered Agent			7. Name and Add	ress of New Re	gistered Agent	
DAVIS, PATRICIA A 200 ROTONDA BLVD WEST UNIT 5B ROTONDA WEST, FL 33947					NA	1			
					Street Address (P.O. Box Number is Not Acceptable)				
									
				City			······································	FL Zip Cod	e
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 .									- · · · · · · · · · · · · · · · · · · ·
	Signature, typed	or printed name of registered agent a	nd troe if appricable. (NO1E:	Registered Agent signs	unte technisc	3 when remstating)		DATE	
				paign Financing ontribution.		\$5.00 May Be Added to Fees		ke check payable t la Department of S	
10.	OFFICERS AND DIRECTORS					ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS IN	10
TITLE NAME	D DUNN, Jil	w	Delete	TITLE NAME	Do	NNX D'AG STONDA WE	OS TINO	☐ Change # R.2	Addition
STREET ADDRESS	2036 CLE	ARVIEW DR	•	STREET ADDRESS	20	S ((OTOMPA	briga		
CITY-ST-ZIP	COOKEV	LLE, TN 38506		CITY-ST-ZIP	R	OTONOA WE	ST FL	<i>33947</i>	
TITLE	D		Delete	TITLE	1		•	Change	Addition
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CITY-ST-ZIP		MOUTH, MA 02536		CITY-ST-ZIP	1				
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CITY-ST-ZIP		ERQUE, NM 87120		CITY-ST-ZIP	<u> </u>	····			
TITLE	DOBAK	*****	☐ Delete	TITLE				Change	Addition
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CITY-ST-ZIP									
TITLE	I.O.O.O.		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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: .

941-206.3838

PATRICIA