2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N34717

Entity Name: CHUKKER COVE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0163505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
C/O WELLINGTON MGMT.
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 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: S ( ) Delete
Name: ACTON, SUSAN
Address: 3461-B FAIRLANE FARMS RD
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: STEVER, DON
Address: 3461-B FAIRLANE FARMS
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: TRIBBLE, CAROLYN
Address: 12626 MALLET CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: P ( ) Delete
Name: HENSLEY, SUSAN
Address: 3461 B FAIRLANE FARMS RD
City-St-Zip: WEST PALM BEACH, FL 33414

Title: T ( ) Delete
Name: LANDSDORF, ROBERT
Address: 12630 MALLET CIR
City-St-Zip: WELLINTON, FL 33414

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SULLIVAN, ROBERT
Address: 12570 MALLET CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: SUSAN HENSLEY P 02/05/2009

Electronic Signature of Signing Officer or Director — Date