

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 22, 2006  
Secretary of State**

DOCUMENT# N41236

Entity Name: CHASE GROVES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S WESTMONTE DRIVE  
STE 3310  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 327162147 US

**New Mailing Address:**

FEI Number: 59-3041796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOMACK, ELLEN R  
225 S WESTMONTE DRIVE  
STE 3310  
ALTAMONTE SPRINGS, FL 32714 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: DP ( ) Delete  
Name: SULLIVAN, SHARON  
Address: 290 ALDRUP WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: DVP ( ) Delete  
Name: HARRIS, CHRISTOPHER  
Address: 844 DELFINO PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: DT ( ) Delete  
Name: SWIATEK, JEFFREY  
Address: 918 DELFINO PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: MOYER, MARVIN  
Address: 2817 COPPER RIDGE COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: GENSLINGER, NANCY  
Address: 2690 ADELE PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: DS ( ) Delete  
Name: CHERNESKY, ROBERT  
Address: 2615 ALENA PLACE  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: TORO, LUIS  
Address: 906 DELFINO PLACE  
City-St-Zip: LAKE MARY, FL 32746

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN WOMACK

A

02/22/2006

Electronic Signature of Signing Officer or Director

Date