

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41236

FILED
Jan 22, 2008
Secretary of State

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:

WOMACK, ELLEN R AGENT
225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TORO, LUIS
Address: 906 DELFINO PLACE
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: D () Delete
Name: SWIATEK, JEFFREY
Address: 918 DELFINO PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: SULLIVAN, SHARON
Address: 290 ALDRUP WAY
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete
Name: DEINZER, PETER
Address: 947 DELFINO 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARRIS, CHRISTOPHER
Address: 844 DELFINO PLACE
City-St-Zip: LAKE MARY, FL 32746

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

Title: DV (X) Change () Addition
Name: SULLIVAN, SHARON
Address: 290 ALDRUP WAY
City-St-Zip: LAKE MARY, FL 32746

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 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: LUIS TORO

DP

01/22/2008

Electronic Signature of Signing Officer or Director

Date