

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48486 (7)

1. Corporation Name

CHISHOLM'S RIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business

4825 CHISHOLM RD
ST CLOUD FL 34771

Mailing Address

4825 CHISHOLM RD
ST CLOUD FL 34771

3. Date Incorporated or Qualified

04/22/1992

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3194134

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHISHOLM, HELEN
4825 CHISHOLM RD
ST CLOUD FL 34771

81 Name

BRADLEY Chisholm

82 Street Address (P.O. Box Number is Not Acceptable)

4825 Chisholm RD

83

84 City

ST. CLOUD

FL

85 Zip Code

34771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bradley Chisholm

BRADLEY Chisholm

2/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHISHOLM, BRADLEY
STREET ADDRESS 4825 CHISHOLM RD
CITY-ST-ZIP ST CLOUD FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME CHISHOLM, HELEN
STREET ADDRESS 4825 CHISHOLM RD
CITY-ST-ZIP ST CLOUD FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE STD
NAME CHISHOLM, GAYLE
STREET ADDRESS 4607 RUMMELL RD
CITY-ST-ZIP ST CLOUD FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley Chisholm

BRADLEY Chisholm 2/5/96

Date

Daytime Phone #

407-892635

CR2E037 (12/95)